

## Authorization to Release Healthcare Information Instructions

**Name:** Legal name of the patient. No nicknames please

**DOB:** Date of birth is needed to ensure we have the correct patient. There may be more than one patient with the same name.

**Phone number:** Please tell us where we can reach you in case we have any questions.

**I authorize:** Please check the location of the records you are requesting (where you received services). As an example, if the visit you are requesting was at the hospital, you would check the box beside MaineGeneral Medical Center. If the visit was at a Doctor's office (example, FMI, Gardiner Family, etc) you would check the box beside MaineGeneral Medical Center Physician Practice. Please name the practice on the line provided.

**To give my health information to:** Please put the name and address of who you wish to receive your medical records. This could be you, your insurance, another doctor, etc.

**Applicable dates:** This will help us narrow down specifically what medical records to send. Please indicate a date range.

**Specify info to be released:** Here you will need to check off each report you are asking for. The ones listed are an abstract of the chart. If you are looking for a complete copy, you would not need to check any of these boxes. (In most cases, a complete copy is not necessary).

**Specify other info to be released:** This is where you would ask for a complete copy or any other report that you need.

**I release the above info for the purpose of:** Please indicate 'ongoing treatment', if you are taking these records to another provider. Indicate Legal/Insurance, if you are taking the records to an attorney or insurance company. 'Own use', is when you want a copy to hold onto for your own records.

**I authorize:** You need to read the check boxes on page two carefully. If there is anything in your records that has to do with substance abuse (drug or alcohol) mental health, or HIV then you need to choose whether or not you want this information to be sent. If any box is left blank, we will treat this as a NO.

**Initial here:** If you checked the box to release mental health information, you have a right to review the records before we release them. Initial the box if you wish to review them.

**This authorization is effective until:** You may place a date in this box if you choose to. This means, any information you requested today can be reproduced at your request without having to sign another release. You may not use this same release to ask for anything other than what is being asked for today.

**Please sign and date the form.**

**\*MaineGeneral Health does not charge for records provided for continuing care, but we do charge for all other reasons. The fee starts at \$5 for the first page and .45 cents for each page thereafter. Please be aware of this as you consider how much you are asking to be released. In some cases, prepayment is requested.**

**\* Maine Law allows 30 days for us to send your records. However, most requests are completed earlier.**