

Peter Christensen Health Center Medical Records Department



Instructions on Completing a Release of Medical Information (ROI)

Section I. Patient Information: enter *full* Patient name, address and date of birth.

Section II. Information is to be disclosed by:	And is to be provided to:
This is the name, address, phone and fax number of facility or entity where information is being disclosed <i>from</i> .	Enter the name, address, phone and fax number of facility or entity where information is being <i>sent to</i> OR the individual the information is being <i>given to</i> .

Section III. The purpose of need for this disclosure is: Choose one or multiple boxes.

Section IV. The information to be disclosed from my health record:

“Only information related to”: If you chose to only allow the person to make/cancel appointments, talk with Care team (Provider/Nurse), pick-up medications.

“Only the period of events from”: If you choose a period of time of medical encounters for a person to receive that information, you will need to list the dates of the documents in this area.

“Entire Record”: If you choose for your entire record to be accessible to the facility/entity/individual, you only need to check this box for “entire record”. Checking this box will cover all other listed boxes.

If you choose any other box other than “entire record”, the facility/entity/individual will only receive the checked box (such as clinic notes or laboratory reports, etc.).

If you want to give special permission to disclose alcohol/drug abuse treatment/referral OR HIV/AIDS-related test results/treatment, you must mark the appropriate box.

Section V. Please read your rights and authorization, sign and date. Check the box under the signature line specifying which authority to sign.

Authorizations for Release of Medical Information (ROIs) are active in your record for one (1) and must be renewed if you want authorization to continue.