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ALBERT EINSTEIN HEALTHCARE NETWORK
AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION

- AEMC Ctr One GCHS MossRehab Willowcrest
Other

Patient Label (Name and Medical Record #)

Form fields for Patient Name, Date of Birth, Address, City, State Zip Code, Home Phone Number, Work Phone Number

RELEASE OF INFORMATION TO:

Name/Organization, Address, City, State, Zip Code, Telephone #, Fax #

INFORMATION TO BE DISCLOSED COVERING THE FOLLOWING PERIOD(S): (Must be Specific)

Specify Dates of Treatment

PURPOSE OR NEED FOR THE DISCLOSURE IS:

- Continued Care, Legal Consultation, Patient's Own Use, Third Party/Insurance Review, Benefits Assignment, Other, School Registration, Camp Registration

INFORMATION TO BE RELEASED:

- Designated Record Set/ Abstract, Operative Procedure Report, Laboratory Report, Emergency Record, Entire Medical Record for Visit(s) specified above, Discharge/Clinical Summary, Consultation Report(s), Pathology Report, Other, Immunization Record, History & Physical Report, Radiology Report

EXPIRATION DATE:

Specify Date, event, or condition upon which this consent will expire unless revoked at an earlier date/time.

I understand that my records are protected under the Health Insurance Portability and Accountability Act, Federal Privacy Act, P.L. 93-575, the Federal Alcohol and Drug Abuse Act, P.L. 92-282, the Pennsylvania Mental Health Procedures Act, 1976 and the Pennsylvania Confidentiality of HIV Related Information Act, and therefore cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand that any information disclosed in response to this request will not include information related to my treatment for AIDS/HIV, psychiatric care and treatment, treatment for drug and alcohol abuse unless specifically checked below:

- AIDS/HIV Information, Psychiatric Care/Treatment, Treatment for Drug and Alcohol use/abuse

Signature and Date fields for Patient, Parent/Legal Guardian, and Witness

- Pick-up, Mail, Fax, Prepaid, Messenger

HIM Staff Completing Request: