MONROE COUNTY HOSPITAL & CLINICS | An Affiliate of MERCYONE

Request and Consent for Disclosure of Medical Records

1. Patient Information

Name:	Date of Birth:	
Address:	Last 4 of SSN:	
City:	State:	Zip:

2. ☐ Release information to: ☐ Obtain information from:

Facility:	Phone/Fax Number:	
Address:		
City:	State:	Zip:

3. Information to be Released:

☐ Records from past 2 years or Pertinent records regarding_____

☐ ER Visit_____ ☐ Radiology Reports_____

☐ Surgery_____ ☐ Radiology Images_____

☐ Hospitalization_____ ☐ Physical Therapy/Occupational Therapy

☐ Clinic Records_____ _____

☐ Lab_____ ☐ Other_____

4. Method of Disclosure

☐ Fax_____ ☐ Pick up ☐ Mail ☐ Other_____

☐ Email_____ ☐ Secured ☐ Unsecured***

5. Purpose of the Disclosure

☐ Personal Use ☐ Continuation of Care ☐ Litigation/Legal ☐ Other_____

6. Sensitive Information

Please initial any category that you **DO NOT** want released. If left blank, information will be released:

_____Substance abuse (alcohol/drug abuse) _____Sexually transmitted disease (including HIV/AIDS information)

_____Mental Health (includes psychological testing) _____Genetics-testing screen

7. Patient Signature

THIS AUTHORIZATION WILL EXPIRE ONE YEAR FROM THE DATE SIGNED. I have the right to revoke this authorization at any time and can be done so by writing to: Monroe County Hospital & Clinics, 6580 165th St., Albia, IA 52531.

I do not have to sign this authorization in order to receive treatment from Monroe County Hospital & Clinics. Information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected under the HIPAA Privacy Rule.

If you chose "unsecured email" please be aware there is some level of risk that your medical information could be read or otherwise accessed by a third party while in transit. By signing below, you have accepted this risk and still want your medical information sent by unsecured email

Signature of Patient or Authorized Representative:	Relationship if other than self:	Date:

Clinic/Hospital Use Only

Staff completing form:_____

Date request fulfilled:_____

Completed by:_____

Health Information Management
6580 165th St.
Albia, IA 52531
Phone: 641-932-1736
Fax: 641-932-1661