Instructions for Completing the Authorization for Release of Health Information

You can submit a request via our MyAtriumHealth Patient Portal or you can submit a completed Authorization for Release of Health Information by following the instructions listed below.

Patients/Representatives need to carefully read and complete every section prior to signing and dating the form to ensure a valid and complete authorization.

1. **Patient Information:**

   Please fill out all patient information that is listed (Name, Date of Birth, Street Address, City, State, Zip Code, Telephone and Email Address).

2. **Release Information From / Release Information To:**
   A. List the name of what hospital, doctor's office or other healthcare center(s) you were treated at that will be releasing the medical records.
   B. List the name, address, fax number and phone number of the organization or person to whom you want the records sent.

3. **Purpose:**
   A. Check the reason you are giving permission for the records to be released.

4. **Records to be released:**
   A. Please list the **dates of service** of the records you want released. (Dates the patient was in the hospital or seen at the doctor's office or clinic.)
   B. Please be specific as to what part of the medical record is being requested.
      i. If you were treated at a hospital facility - select from the Facility checklist.
      ii. If you were treated at a doctor's office or clinic - select from the Office/Clinic checklist.
      iii. If you are requesting records from both a hospital facility and a doctor's office or clinic select from both checklists.
   C. Select Format and Delivery Method - how you want the information to be sent:
      CD, paper, or electronic.

5. **Authorize:**

   Read the Patient's Rights statements.

   Please print your name, sign, and date the form to confirm the release of the medical information requested. Please note - typed signatures are not accepted.

   Please note that a fee may be charged for copying the records.

6. **Obtaining Your Medical Record:**
   A. For access to medical records you may submit your completed form one of many ways:
      Via email: MedicalRecordsROI@atriumhealth.org, Fax: 704-446-6037, or
      Mail: PO Box 32861 Charlotte, NC 28232.
   B. You may call 704-667-9500 or 844-383-2109 for further assistance.