Carolinas HealthCare System

Instructions for Completing the Authorization for Release of Health Information

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, Address, City, State, Zip Code, E-mail Address, and Telephone). You may give the last 4 digits of the patient's social security number.

2. **Release Information From/Release Information To:**
   A. Assign what hospital, nursing home, doctors office or other healthcare center(s) will be releasing (copying and sending) 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 nursing home or seen at the doctor's office or clinic.)
   B. Please be specific as to what part of the medical record is being requested.
   C. Select the format you prefer to receive the information, paper **or** electronic.
   D. Select the method of delivery to receive records.

5. **Authorize:**
   Read the Patient Rights statements.

   Please print your name, sign, and date the form to confirm the release of the medical information requested. **Please note that a fee may be charged for copying the records.**

6. **Obtaining Your Medical Record:**
   A. For access to physician office medical records please contact the physician office where you were treated.
   B. For access to hospital medical records please contact the hospital you were treated at or one nearest you. You may also call 704-667-9500.