

Please allow up to 7 business days for WMC to Process your request.

WRANGELL MEDICAL CENTER  
310 BENNETT ST/PO BOX 1081  
WRANGELL, ALASKA 99929

Incomplete forms cannot be processed.

## AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

*This form is for release of information requests to third parties.*

Printed Name of Patient:	Previous Names (if applicable):
Date of Birth (MM/DD/YYYY):	Daytime Telephone Number:

INFORMATION TO BE RELEASED FROM:	SEND INFORMATION TO:
Provider Name/Organization:	Name of Person/Facility/Organization:
Address:	Address:
Contact Number:	Contact Number:
Fax Number:	Fax Number:
Format in which you would like the recipient to receive your records: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick Up <input type="checkbox"/> Email*	

### REQUIRED INFORMATION

#### PURPOSE OF DISCLOSURE:

Transfer of Care  Disability  
 Law Enforcement  Specialist  
 Attorney  School  
 Insurance  Other: \_\_\_\_\_ (Do not leave blank)

#### INFORMATION TO BE DISCLOSED:

Medical records from the last two years  Complete Legal Health Record

Date(s) of Service: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Health Summary  Billing records  Emergency room records  
 Discharge summary  Physician progress notes  Nursing notes  
 Laboratory/pathology reports  Radiology Reports  Medication list  
 Immunization record  Accounting of disclosures  
 Other: \_\_\_\_\_

If the patient is unable to sign, please provide the authority to act for the patient and sign in their stead. This form must be dated within 90 days of receipt and may be revoked at any time in writing, provided the information has not already been disclosed. This authorization is valid only for expressed dates above and expires 90 days from time of signing unless specified otherwise.  
Alternate expiration date: \_\_\_\_\_

Please see our Notice of Privacy Practices for instructions as to how to revoke this authorization. We will not condition treatment on completion of this authorization. Please be aware that once we disclose this information per your instructions, the information is subject to re-disclosure and may no longer be protected by the HIPAA act of 1996.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of patient or representative

\_\_\_\_\_

Relationship to the patient

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**DISCLOSURES REQUIRING SPECIAL CONSENT:**

My signature below specifically authorizes the release of healthcare information relating to the testing, diagnosis, or treatment for (initial beside specific item to be released):

\_\_\_\_\_ HIV/AIDS Virus                      \_\_\_\_\_ Mental Health/Psychiatric Disorders  
\_\_\_\_\_ Sexually Transmitted Diseases        \_\_\_\_\_ Drug, Alcohol Abuse/Treatment

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
*Date*                      *Signature of patient or representative*                      *Relationship to the patient*

**EMAIL:**

\*If you request your records to be sent via email, please provide the email address and sign the acknowledgement regarding security below:

Email Address: \_\_\_\_\_

Electronic distribution of records (ROI) is covered under the HIPAA Final Rule section 164.524(c)(2)(ii).

I have requested my records be sent via email. I acknowledge that there is some risk that the email may be intercepted during transmission and read by a third party. I acknowledge that Wrangell Medical Center (WMC) has advised me of this risk and that WMC is not responsible for unauthorized access during transmission. I further acknowledge that WMC is not responsible for safeguarding my information once it has been delivered. By signing below, I affirm that I still wish to receive my records via email:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
*Date*                      *Signature of patient or representative*                      *Relationship to the patient*

*Please note that there may be a fee associated with processing a request and producing requested records.*

For Facility Use:

Date Received:	Date Released:	Chart #:	Acct #:	ROI #:	Released by:
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