EXETER HOSPITAL
5 Alumni Drive Exeter, NH 03833 603.778.7311

PATIENT ID OR LABEL

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH/MEDICAL RECORD INFORMATION

Medical Rec.#_____ ☐ Please check if you would like your medical record in an electronic format? (i.e., CD)

All highlighted areas must be completed.

Patient: _____ **Date of Birth:** _____
Last First Middle

Address: _____

A. General Release: I hereby authorize Exeter Hospital to use or disclose my protected health information in my medical record. Unless otherwise specified, an abstract of medical records will be copied which includes all pertinent information regarding service (all dictated reports, diagnostic and lab data). A complete copy of the medical record includes, but is not limited to, the following items: (*please cross out and initial any items you do not want to release)*

Assessments	Consultations	Emergency Room Reports	History & Physical Exams
Diagnostic Reports	Discharge Summaries	Lab Data / Reports	Nurses' Notes
Operative/Procedure Reports	Progress Notes	Mental Health Consultation	Photographs
Information related to sexually transmitted diseases		EKGs	Other (please specify): _____

I acknowledge and hereby consent, that the released information may contain alcohol/drug abuse treatment, psychiatric, HIV testing/results or AIDS, genetic testing and adoption information unless initialed. I do not consent _____ *(initials)*

➢ Please check if you are requesting: ☐ Radiology films ☐ Fax (for urgent care purposes only)
☐ Complete copy of chart (See fee schedule below)

RELEASE TO: _____
(Name of Person / Organization Authorized to Receive Copies)

_____ _____
Address

Dates of Care Included: _____ to _____

For the Purpose of: ☐ Personal ☐ Insurance ☐ Attorney ☐ Physician ☐ Other: _____

- I understand that information may be released by any acceptable means, including by fax.
- I understand that Exeter Hospital will not condition treatment on my providing this authorization and that I may refuse to sign this authorization, unless the treatment involves research or is performed only for the purpose of creating protected health information for disclosure to a third party (such as an insurance physical).
- I understand that the recipient of information disclosed under this authorization may re-disclose this information, and the information may no longer be protected by federal or state confidentiality laws.
- I understand that New Hampshire law permits Exeter Hospital to charge for the cost of copying the information released under this authorization, up to $15.00 for the first 30 pages or $0.50 per page, whichever is greater. Charges for copies of filmed records (such as x-rays) will be at a reasonable cost. (NH RSA 151:21, X and NH RSA 332-I:1, I)

It is my understanding that this information will be used or disclosed only for the purpose described above. I understand that I may revoke my authorization, in whole or in part, at any time, by written notice delivered to Exeter Hospital's Medical Record Department, except to the extent Exeter Hospital already has used or disclosed information in reliance on my authorization.

EXPIRATION DATE: This authorization will expire on _____ or _____
(Date) (Event)
(If no date or event is stated, this authorization expires **ninety days** from the date signed.)

Date _____ Signature / Print Name _____

If not signed by patient, indicate authority or relationship
(Durable Power Agent, Legal Guardian, Administrator or Executor, must submit evidence of appointment)

_____ _____ _____
Date WITNESS Signature / Print Name

PROHIBITION AGAINST RE-RELEASE OF INFORMATION

"This information has been disclosed to you from your records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to who it pertains or otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."