

FALLON MEDICAL COMPLEX & COMMUNITY CLINIC

Health Information Management Department

202 South 4th Street West ♦ PO Box 820 ♦ Baker, Montana 59313-0820
Direct Line: 406-778-5118 OR 406-778-3331 Extension 261 ♦ FAX (406) 778-5145

Release of Information

Fallon Medical Complex Community Clinic Both

Patient Full Legal Name:		Birth Date:
Address:	City:	
State:	Zip Code:	Telephone Number:

Medical Record Number at Fallon Medical Complex: (Completed by Medical Records Department - Not applicable for Clinic Use)
The undersigned hereby authorizes and requests <input type="checkbox"/> Fallon Medical Complex or <input type="checkbox"/> Community Clinic to provide copies of his/her medical record to:
Name of Individual or Institution:
Address of Entity to be released to: _____
Reason:

Please send the following copies of my medical record to the before-named entity as soon as possible:

Confined to records regarding admission and/or treatment for the following medical condition or injury:

Covering records for the period from _____ to _____

No limitations placed on dates, history of illness, or diagnostic and/or therapeutic information, **INCLUDING** any treatment for alcohol or drug abuse or mental health records.
Signer must initial for authentication of this response Init. _____

No limitations placed on dates, history of illness, or diagnostic and/or therapeutic information, **EXCLUDING** any treatment for alcohol or drug abuse or mental health records.
Signer must initial for authentication of this response Init. _____

Signature: <i>The above-named individual has the right to refuse to sign this authorization.</i>	Date:
<i>If signed by personal representative, state relationship & authority to do so:</i>	
Witness:	Date:
Date Information was Released:	Releaser's Initials:

- *This authorization expires one (1) year from the date of signature.*
- *This authorization may be revoked at any time by submitting request in writing to the above address.*
- *The disclosed information above may, in some instances, be re-disclosed by the individual/entity receiving the information. In these instances the disclosed information is no longer protected by the HIPAA Privacy Rule and FMC is not responsible for its disclosure.*
- *NOTE: Protected health information obtained after the date of the signature may not be released under this authorization. An individual cannot authorize release of records that have not yet been created.*
- *FMC/Community Clinic will not condition treatment, payment, continued enrollment in a health plan, or eligibility for benefits based on the individual providing appropriate authorization.*
- *The above individual(patient/resident/legal representative) may inspect or copy protected health information to be used or disclosed as provided in §164.524 of the Privacy Act.*
- *A third party will compensate FMC directly or indirectly when disclosure will result in such compensation.*