AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

WINDOM AREA HEALTH 2150 HOSPITAL DRIVE WINDOM, MN 56101



PHONE: 507-831-2400 | FAX: 507-831-5749

Patient Identification	Name:	Date of Birth:	
		Phone Number: _	
	Maiden/Previous Names/Nickna	me:	
Provider	Patient Social Security Number:		
(Who is releasing	Provider/Facility Name:		
information?)	Address:		
	City/State/Zip:		
	Phone Number:		
Disclose Information To:			
10.			
Information to be	Phone Number: Clinic Progress Notes	Fax: ☐ EKG / Cardiology Reports	☐ Lab Data
Disclosed	Physician's	☐ Radiology Reports	☐ Pathology Report
	Nurse's	☐ ER Records	☐ Psychiatric Evaluation
	Other ☐ Hospital Progress Notes	☐ History & Physical ☐ Discharge Summary	☐ Outpatient Information☐ Consultation
	Physician's	☐ Operative Report	
	Nurse's	☐ Immunization Record	☐ Clinical Assessment
	Other	☐ Treatment for Drug or Alcohol Deper	ndency
	☐ Other (Specify)		
Service Dates	Time period from:	to	
Service Butes			
Service Bates	Concerning:	or treatment, auto accident, etc.)	
Purpose of Disclosure	Concerning:	or treatment, auto accident, etc.) □Consult / Second Opinion	☐Out of town move
	Concerning:(specific diagnosis Continuing Medical Care Insurance Claim	or treatment, auto accident, etc.) □Consult / Second Opinion □Legal	
Purpose of Disclosure	Concerning:(specific diagnosis Continuing Medical Care Insurance Claim Other (Specify)	or treatment, auto accident, etc.) □Consult / Second Opinion □Legal	□Out of town move □Personal
	Concerning:	or treatment, auto accident, etc.) □Consult / Second Opinion □Legal e year from the date of signature or on	□Out of town move □Personal
Purpose of Disclosure Expiration Date	Concerning:	or treatment, auto accident, etc.) □Consult / Second Opinion □Legal	□Out of town move □Personal ritten notice to the health care
Purpose of Disclosure Expiration Date	Concerning:	or treatment, auto accident, etc.) Consult / Second Opinion Legal e year from the date of signature or on his authorization at any time by sending a wowever, the revocation is not valid if: (1) actihorization is obtained as a condition for obtained	□Out of town move □Personal □ ritten notice to the health care on was previously taken in reliance on aining insurance coverage; other law
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