



Affix Patient Label

Request for Access or Authorization for Use and Disclosure of Protected Health Information

Patient Name: _____
Last First

Date of Birth: _____
Month Day Year

I give permission to Bronson Healthcare Group to use or disclose my protected health information indicated below to:

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

Information to be released:

(Please check boxes that apply)

- Discharge Summary
- History and Physical Exam
- Progress Notes
- Lab Reports
- X-Ray Reports
- Medication Records
- Detailed Bill

<p>I specifically authorize the release of information about:</p> <p>Substance abuse (including alcohol or drug abuse)</p> <p>Mental health (including psychotherapy notes)</p> <p>HIV related information (AIDS related testing)</p> <hr/> <p>Signature of Patient:</p> <p>_____</p>

Other (specify content and dates) _____

Purpose of Disclosure:

- Changing doctors
- Consultation
- Insurance or Workers' Compensation
- School
- Research
- At request of individual
- Legal (specify) _____
- Other (specify) _____
- For my own use

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Acknowledgement of Understanding:

- I understand this authorization will expire in one year from date signed.
- I can cancel this authorization at any time by writing to Bronson Methodist Hospital or Bronson Vicksburg Hospital.
- It will take effect on the date notified, except if action has already been taken.
- I understand that if I release my medical record to a doctor's office, the office can release my medical record. I know I have to check with the office about their privacy rules.
- I will get an abstract of my medical record unless I ask for the complete record.
- No conditions will be placed on me if I sign this form.
- I will get a copy of this form after I sign it.

Michigan law says I may have to pay for:

- Copies of my record
- Inspection of my record
- Written summary of findings

Bronson Healthcare Group will not benefit from disclosing this information.

Signature of Patient

Date

Patient or Personal Representative

Date