

<input type="checkbox"/>	Medical Records requested
<input type="checkbox"/>	Permission to share

Office Use Only	
Date Rec'd	_____
Approved by	_____
Rec'd by MedRec	_____
Date Processed	_____
<input type="checkbox"/> Faxed	<input type="checkbox"/> Mailed
Other	_____

**AUTHORIZATION TO DISCLOSE HEALTH CARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name Used When Treatment Occurred (if different from above): \_\_\_\_\_

I give permission to (Name of Health Center) \_\_\_\_\_

To give my healthcare information to:

To get my healthcare information from:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Reason for request (please specify): \_\_\_\_\_

**The following healthcare records can be given to or provided by individual or organization named above.**

**Check all that apply:**

Consultant Reports

Office Visit Notes

HRCHC Behavioral Health Records

Hospital Notes

Operative Report

Imaging Report

Other, please specify: \_\_\_\_\_

Laboratory Results

**I give permission to the provider to give or get the following kinds of information by checking the boxes below (check ONLY those items you want to be released):**

Item – please read carefully. Check ONLY those items you want to be released.	
<input type="checkbox"/>	<b>HIV information</b> , including HIV antibody test results and information related to the diagnosis or treatment of AIDS- related disease. I understand that there are potential risks associated with the disclosure of HIV information including but not limited to discrimination and changes in family and social relationships.
<input type="checkbox"/>	<b>Substance use disorder information</b> protected by federal law at 42 C.F.R. Part 2. This includes such information created by HRCHC or another provider. <u>Note</u> : Other substance use/recovery information documented in medical records created by your primary care provider or other providers (e.g., BHC providers are NOT considered substance abuse/recovery “programs” under 42 C.F.R. Part 2) may not be subject to 42 C.F.R. Part 2 and may be disclosed even if you do not check this box.
<input type="checkbox"/>	<b>Mental health information</b> created or maintained by licensed mental health facilities and private counselors are subject to Maine’s Rights of Recipients of Mental Health Services law and require your

