

- charge for copies of records not sent directly to a health care provider.
- This consent may be withdrawn at any time, except for information already released under this consent. If not previously withdrawn, this consent will expire within 60 days or: _____
- I understand that I may request a copy of this signed authorization
- The facility, its employees and officers and medical staff are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.
- This information has been disclosed from 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 whom it pertains or as 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.

Signature of Patient or patient's authorized representative

_____ Date ___/___/___

Relationship to patient _____

Verbal Authorization

Verbal consent given by: _____
In terms of hospital policy.

Witnessed by: _____
Relationship _____ Date ___/___/___

Witnessed by: _____
Relationship _____ Date ___/___/___