



### INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION FORM

1. Please complete the Authorization for Disclosure of Health Information Form in its entirety. Incomplete forms will be returned to the sender for completion.
2. The patient or legally authorized representative (see #7 below) must sign and date the form.
3. Please mail the form to the appropriate facility to the attention of the "Health Information Management Department". The address for each hospital is listed at the top of the authorization form. (electronic copies will not be accepted).
4. Records will be mailed directly to the party listed as the recipient on the authorization form. We do not fax records to recipients unless needed for emergent patient care by another healthcare provider.
5. If the records are needed for continuing care purposes and are mailed directly to a physician or other healthcare facility, the records will be mailed free of charge.
6. Records for all other purposes are subject to copying charges in accordance with PA State Law. An invoice will be mailed to you and payment will be expected prior to the records being copied and mailed.
7. The following is a list of persons authorized to sign the disclosure of health information form:
  - If the patient is 18 years of age or older and is competent, then the patient must sign. No one else is authorized to sign.
  - If the patient is 14 years of age or older and was treated for a psychiatric admission, then the patient must sign.
  - If the patient is a minor (under 18 years of age) or under 14 years of age for psychiatric admission, then the parent or legal guardian must sign.
  - If the patient is over 18 years of age and is incompetent, then the legal representative must sign and provide proof of legal representation. (e.g. a photocopy of power of attorney documents or other legal documents).
  - If the patient is deceased, the surviving spouse or other legal representative must sign and provide proof of legal representation (e.g. a photocopy of executor documentation, power of attorney, etc.).

Please contact the Health Information Management Department (Medical Records) at the appropriate facility if you have additional questions or need further assistance.