Authorization for Release of Health Information

Please Print

Patient Information	Name / Date of Birth Address / Phone Number City / State / Zip Code Previous Name
Release Information From ***Specify Clinic, Hospital, or Provider**	**Specific** CentraCare Clinic / Hospital or Provider (Specific facilities are listed in *italics* on page 2 of this form) Address / Phone Number: / Fax Number: City / State / Zip Code
Release Information To	Name of Person, Business, Specific Clinic / Hospital or Provider Address / Phone Number: / Fax Number: City / State / Zip Code
Information to be Released **Only the information selected will be released**	**Date(s) of service: From: _______________ To :_______________** **Note: If dates are not specified, only the most recent visit/encounter will be released.** ___ History and Physical ___ Pathology Reports ___ *Radiology Films ___ Discharge Summary ___ Consult Reports ___ All Records listed (*not included) ___ Emergency Room Notes ___ Laboratory Reports ___ Other (please specify) ___ Progress Notes ___ Operative/Procedure Notes ___________________________ ___ Assessment/Evaluation ___ Radiology Reports
Special Disclosure	___Substance Use Disorder Dates of Service: From: ___________________To:______________________ Concerning: ____ (Specific diagnosis or treatment – do not list ICD-10 codes) *Per Federal Rule 42 CFR Part 2, this section must be completed to release Substance Use Disorder records.*
Preferred Method	___ MyChart ___Fax to: __________________________ ___CD ___ Paper __Email to: __________________________________
Reason for Release	___Continuation or Transfer of Care (to another provider) ___Personal Use ___Attorney ___Insurance ___Other (specify)____
Authorization	**Patient/Guardian Signature** **Date** / / **Relationship to Patient** **Reason Patient is Unable to Sign**
Revocation	This authorization will expire one year from the date I sign unless I indicate a different date or event here:_____________ This authorization may be revoked at any time except to the extent that action has been taken in reliance upon it or upon final disposition of the conditional release for which authorization was given. I may revoke this authorization at any time by notifying, in writing, the provider/facility listed in the FROM section. I understand that such revocation may be harmful to proceedings requiring these records. I do not authorize re-release of this information to anyone. A photocopy of this authorization will be treated in the same manner as the original.

CentraCare will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. CentraCare cannot prevent redisclosure of your information by the person/organization who receives your records under this authorization, and your information may not be covered by state and federal privacy protections after it is released. If CentraCare has received records from other organizations, used them, and filed them in the record maintained about you, those records may also be included in any release of information.

CentraCare shares an Electronic Medical Record with non-CentraCare organizations. Authorizing the release of the following items: Medication List, Allergy List, Problem List, Immunization Data and/or Medical History includes this information from all sites that share an electronic medical record. A list of these non-CentraCare organizations will be provided to the patient upon request.

Please submit completed forms to the HIM dept based on the locations on page 2.

Please include the specific Hospital/clinic/provider on your request and submit completed forms by mail, fax, or email to the HIM department based on the info and locations below.

Central locations

FAX: (320) 255-5739	**FAX:** (320) 229-5151	**FAX:** (320) 255-5691	
St. Cloud Hospital	*Plaza Clinics*	*River Campus Clinics*	*Jail Medicine*
SCH Addiction Services	*Behavioral Health Clinics*	*Albany Clinic*	*Midsota Plastic Surgery*
Clara's House	*Occupational Health*	*Baxter Clinic*	*Quick Clinics*
Wound Center	*Child Advocacy Center*	*Becker Clinic*	*St. John's Clinic*
Home Care/Hospice	*Southway Clinic*	*Big Lake Clinic*	*St. Joseph Clinic*
	Sartell Clinic	*Coordinated Care Clinic*	*Sleep Center*
	Clearwater Clinic	*Eye Clinic*	*Northway Clinic (Suite 100)*
	Cold Spring Clinic	*Urology Clinic*	*Family Health Clinic (Suite 200)*
	Monticello Hosp. & Clinic	*Heart & Vascular*	

Mail: CentraCare	**EMAIL:**
Attn: Health Information Management	CCHROI@CentraCare.com
1900 CentraCare Circle	PHONE:
St. Cloud, MN 56303	(320) 255-5624

Northwest locations

FAX: (320) 351-1740	
Sauk Centre Clinics and Hospital	*Richmond Clinic*
Paynesville Clinics and Hospital	*Long Prairie Clinics and Hospital*
Belgrade Clinic	*Eagle Valley Clinic*
Eden Valley Clinic	*Melrose Clinics and Hospital*

Mail: CentraCare	**EMAIL:**
Attn: Health Information Management	CCHROI@CentraCare.com
425 Elm Street N	PHONE:
Sauk Centre, MN 56378	(320) 351-1826

Willmar/Redwood locations

FAX: (320) 231-4833			
Willmar Main Clinic	*Willmar Skylark Clinic*	*Rice Memorial Hospital*	*Redwood Hospital*
Willmar Lakeland Clinic	*New London Clinic*	*Willmar Surgery Center*	*Redwood Clinic*

Mail: CentraCare	**EMAIL:**
Attn: Health Information Management	CCHROI@CentraCare.com
301 Becker Ave SW	PHONE:
Willmar, MN 56201	(320) 231-5014

Benson locations

FAX: (320) 843-4003		
Benson Hospital	Benson Clinic	Big Stone Therapy

Mail: CentraCare	**EMAIL:**
Attn: Health Information Management	CCHROI@CentraCare.com
1815 Wisconsin Ave	PHONE:
Benson, MN 56215	(320) 314-1536

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