



Please call 317-329-2186 with questions about this form.

**Authorization to Release Health Information**

MRN: \_\_\_\_\_  
(Internal Use Only)

**Records to be Released From:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Records to be Released To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of request:**

\_\_\_\_\_

**Patient Name:**

\_\_\_\_\_

Last

First

Middle/Maiden

**Address:**

\_\_\_\_\_

Street

City

State

Zip

**Date of Birth:**

\_\_\_\_\_

**Social Security #**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Please release the following information:**

_____ History and Physical	_____ Discharge Summary	_____ Progress Notes
_____ X-Ray Reports	_____ Therapy Notes/Evaluation	_____ Lab Reports
_____ Medication Sheets	_____ Consultations	_____ Outpatient Notes
_____ Other (Specify): _____		

**Requesting records for the following period of time from:** \_\_\_\_\_ **to** \_\_\_\_\_

Unless limited below, I understand this release also pertains to medical records concerning hospitalization or treatment, including but not limited to, information regarding treatment for alcohol/substance abuse, human immunodeficiency virus (HIV) or for psychiatric treatment or counseling.

I understand this authorization is subject to written revocation at any time except to the extent action has been taken based upon it. This authorization will expire in 60 days from the date signed unless otherwise specified:

Information used or disclosed because of this authorization may be further disclosed by the recipient and therefore no longer protected.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
*Patient Signature*

\* Please attach guardianship paperwork.

\_\_\_\_\_  
*Patient/Guardian Signature*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Patient Unable to sign-Reason*

Rehabilitation Hospital of Indiana may not condition treatment, payment, enrollment, eligibility for benefits on whether you sign this authorization except as allowed under HIPAA regulations.

Released By: \_\_\_\_\_

Dept: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the form and email a copy to [nicole.vanandel@rhin.com](mailto:nicole.vanandel@rhin.com)