BIG LAKE
CLINIC

P.O. Box 539
Big Lake, MN 55309
(763) 263-7300

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Please Print

Patient	Name _____ Date of Birth _____ Address _____ Phone Number _____ City _____ State _____ Zip _____ Previous Name _____ Social Security Number _____
Clinic/Hospital (WHO HAS THE INFORMATION YOU WOULD LIKE RELEASED?)	Name _____ Address _____ City _____ State _____ Zip _____
Requesting Party (SEND INFORMATION TO:)	Name _____ Address _____ City _____ State _____ Zip _____
Information To Be Disclosed (Only the information check marked will be released)	**Date(s) of Service or Type of Service to be Released:** _____ __Progress Notes __All Records __Procedure Notes __Other (please specify): _____ __Diagnostic Test Reports __Pathology Reports _____ __Consultation Reports _____ __X-ray Reports __X-ray Films __Laboratory Reports
Special Disclosures	__Chemical Dependency __Psychiatric __HIV _____ to _____ : concerning: _____ Date Date Specific diagnosis or treatment
Revocation	This authorization will remain in effect maximum of six months from the date of signature and may be cancelled by me in writing at any time. I understand that such cancellation 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.
Reason for Disclosure	__Continuing Care __Personal Use __Attorney __Insurance __Other (Specify)
Authorization	**I authorize the above provider to release the information marked above to the requester. A photocopy shall be as valid as the original.** Patient/Guardian Signature _____ Date _____ Relationship to Patient _____ Reason Patient is Unable to Sign _____

Big Lake Clinic will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. The information once released will no longer be covered under the Federal Privacy Laws. Information not originated by this clinic cannot be released to another facility.

Note: All items on this form must be completed to insure prompt release of information. If the form is incomplete, it will be returned and no information will be released until it is properly completed. The date of signature must not pre-date treatment.

Big Lake Clinic shares an electronic medical record with CentraCare Health System; Broadway Medical Center; Allergy, Asthma and Pulmonary Assoc, Williams Integracare Clinic, New River Medical Center, Tri County Health Care, St. Michael's Hospital, Douglas County Hospital. Authorizing the release of the following items: Medication List, Allergy List, Problem List, Immunization Data and/or Medical History includes the release of this information from all sites that share an electronic medical record.