

Instructions for Patients: Authorization for Release of Health Information

These instructions will help you to complete the Authorization for Release of Health Information under the HIPAA. It is important that you read each line of the form carefully and that you make sure you fill in each box correctly. Failure to complete the form accurately may result in ConnextCare denying your request.

- On the top – Enter your information where the boxes ask for Patient Name, Date of Birth, Social Security Number and Patient Address. This information including Maiden Names and Alias' is important so that we ensure we provide all of the records you need and identify the correct patient.
- Lines 1-5 – Read and understand. If you have questions, you can contact the Corporate Compliance Officer.
- Line 6 – Name and address (fax and phone number if available) of the health provider or entity to release this information (I.e.: ConnextCare). **This is where the information is coming from.**
- Line 7 – Name and address of person(s) or category of person to whom this information will be sent: Enter the name and address (fax and phone number if available) of the person or group (I.e.: New Provider, Lawyer) that you want to get your information. **This is where the requested records will be sent.**
- Line 8 – Reason for release of information: Tell us why you want to send your information to someone else.
- Line 9 –
 - Specify dates that you wish the authorization to be in place.
 - List specific information to be released: Tell us the kind of information you want us to provide. You can use this area to specify if you would like all, part or only specific pieces of your medical information shared.
 - **For Substance Use, Mental Health records, and HIV/AIDs we will not share your information UNLESS you complete this section** (unless otherwise prohibited by law, ie: subpoena).
- Line 10 – If you are signing this form on behalf of someone else, you must include your name.
- Line 11 – If you are signing this form on behalf of someone else, you must include your authority to sign (I.e.: Guardian, Foster Parent, Power of Attorney, Parent). If your authority is anything other than a custodial parent (including joint custody), you will be asked to provide a copy of the paperwork showing that you have authority to sign for the person (court documents, POA paperwork, etc).
- Signatures & Dates– Sign your legal name and date. A witness shall sign that they attest that you (or a proper representative) signed the form.

If you have questions about the Authorization for Release of Information Pursuant to HIPAA, please contact one of our Senior Medical Records staff or the Corporate Compliance Officer by calling 315-298-6569.

Please note that in the case of a subpoena and certain other legal requests, we are required to fulfill the request, based on the subpoena's contents, by law, regardless of this form