



Authorization for Release of Healthcare Information

Patient Name: _____ Date of Birth: ____/____/____

Address: _____ City, State, Zip: _____

Phone: _____ e-mail address: _____

I, _____ authorize _____
(Patient Name) (Name of person or facility which has information)

Address: _____ City, State, Zip: _____

Phone: _____ e-mail address: _____

To release copies of my current healthcare information including any of the following to Judson Center Health:

- Discharge Summary
- Inpatient Progress Notes
- Outpatient Visit (Office) Notes
- Other _____
- Emergency Department Reports
- Laboratory/Pathology reports
- Immunizations
- Operative Reports
- X-Ray Reports

Fax information to: 1-855-642-2119 (Attn: Judson Center Health)
12200 E. 13 Mile Road, Suite 200
Warren, MI 48093

I understand that:

- I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment.
- I may revoke this authorization at any time by submitting a written request to Judson Center Health, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or health plan covered by privacy regulations, the information stated above could be re disclosed.
- If the authorized information is protected by Federal Confidentiality Rules 42CFR, Part 2, it may not be disclosed without my written consent unless otherwise provided for in the regulations.
- Release of HIV-related information requires additional information.
- If the medical record information is not sent to another care provider, there may be a charge of the requested records.
- I am signing this authorization voluntarily and treatment, payment, or my eligibility for benefits will not be affected if I do not sign this authorization.

Signature of patient (or patient's personal representative)

Date

Print name of patient representative with authority to sign for patient, (i.e. parent, guardian, power of attorney for healthcare, executor)