

OUTGOING REQUEST

HIPAA Privacy Authorization to Release Patient Records

*Patient's Name:

*Date of Birth:

*Phone Number:

Previous Name: _____

I, Request and Authorize:

COMMUNITY HEALTH NETWORK (CHN)
Administrative Office: Scarsdale Family Health Center
10851 Scarsdale Blvd, Ste. 160
Houston, TX 77089
Ph: 281-824-1480 Fax: 281-220-6442 Website: www.mychn.org

To Release Information to:

*Name/Facility: _____

*Address: _____

*Phone Number: _____

*Fax Number: _____

Information to be Released:

- | | |
|---|---|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Dental Records |
| <input type="checkbox"/> Mental Health (Counseling and Psychiatry) | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Drug/Alcohol/Chemical Treatment Records
(*42 C.F.R Part 2 Release Required) | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Other ex.) ER Visits, Please Specify: _____ | |

Sensitive Information to be Released:

By signing this Authorization form, I understand that I am giving my authorization for CHN to release all protected health information (PHI) relating to my diagnosis, testing or treatment. I understand that my expressed consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. I may revoke this authorization at any time by notifying CHN in writing to the Medical Records Department.

Patient or Guardian Signature:

Date:

Guardian Name: (if applicable)

Relationship to Patient:

DEADLINE FOR RELEASE OF RECORDS: THE REQUESTED COPIES OF MEDICAL AND/OR BILLING RECORDS OR A SUMMARY OR NARRATIVE OF THE RECORDS SHALL BE FURNISHED BY CHN WITHIN 10 BUSINESS DAYS AFTER THE DATE OF RECEIPT OF THE REQUEST AND REASONABLE FEES FOR FURNISHING THE INFORMATION AS APPLICABLE

THIS AUTHORIZATION MUST BE COMPLETED IN ITS ENTIRETY OR REQUEST WILL NOT BE PROCESSED.

This authorization automatically expires 6 months (180-days) from the date of signature.

Revised 9/23/2020