

~ PLEASE COMPLETE ALL SECTIONS ON THE AUTHORIZATION FORM ~

Section 1: **PATIENT INFORMATION**

- *Fill in your name, date of birth, and a current phone number where you can be reached.*
- *Fill in the admission date of the encounter that you want released.*

Section 2: **RELEASE TO / OBTAIN FROM**

- *Fill in where you want the information to go or where we should obtain it from.*
- *Please fill in the entire address.*
- *Use the additional instructions line to add a contact name and fax if it is to be returned to a specific individual at Friends Hospital.*

Section 3: **INITIAL FOR SPECIFIC INFORMATION**

- *You must put your Initials on each line, for each type of information that pertains to you.*
- *If you do not want to release certain specific information, fill it in on the line provided.*

Section 4: **SPECIFY DOCUMENTS**

- *Choose the documents you want released.*
- *We have 30 days to comply with your request, but often complete it much sooner.*
- *Charges for discharged record copies may apply, as allowable by the State of Pennsylvania*
- *We do not charge for copies sent for continuity of care.*
- *A Release of Information Representative will contact you with details of any fees.*
- *A Discharge Summary can often be given to you at the time you fill out an authorization.*
- *Please bring an official ID if you are picking up your records.*

Section 5: **REASON FOR REQUEST**

- *Check the purpose of or need for your records*
- *If it is for legal purposes, please fill in the reason*

Section 6: **AUTHORIZATION, VALIDATION, AND SIGNATURES**

- *Read the Statement.*
- *Fill in the Validation Dates for the authorization. Start from the current date you are filling out the form, to the future date you want it to expire – up to 180 days or 6 months.*
- *Sign and Date the document.*
- *Parent, representative, or witness signatures may be added if necessary.*
- *Remember, you have the right to revoke this authorization to the extent it has not yet been acted upon.*

Please mail your request to Friends Hospital, Attn.: Medical Records, 4641 Roosevelt Blvd., Phila., PA 19124, or you may bring it personally to the office for service, between the hours of 8:30am to 4:00pm.

Please note that we are allotted 30 days to complete your request.