

RELEASE OF INFORMATION – AUTHORIZATION FORM



Authorization to Release Health Information

Patient Information:	Name: _____ Maiden Name/Alias: _____ Date of Birth: _____ Social Sec. #: _____ Phone: _____ MR# _____																						
Health Information Released FROM:	☐ Hennepin County Medical Center (Hospital and Clinics) ☐ Hennepin County Adult Detention Center ☐ Other: Person/Organization: _____ Street Address: _____ City/State/Zip: _____ FAX: _____ Phone: _____																						
Health Information Released TO:	Person/Organization: _____ Street Address: _____ City/State/Zip: _____ FAX: _____ Phone: _____																						
Health Information to be Released:	<table border="0"> <tr> <td>Date of Service: _____</td><td>Type of Visit: _____</td></tr> <tr> <td>☐ History and Physical</td><td>☐ Photographs</td></tr> <tr> <td>☐ Laboratory Reports</td><td>☐ Discharge Summary</td></tr> <tr> <td>☐ Emergency Room Report</td><td>☐ Progress/Clinic Notes</td></tr> <tr> <td>☐ Surgery Report</td><td>☐ Care Plan</td></tr> <tr> <td>☐ Medications</td><td>☐ Immunizations</td></tr> <tr> <td>☐ Other: _____</td><td>☐ Radiology Reports</td></tr> <tr> <td></td><td>☐ Radiology Images (not able to fax images)</td></tr> <tr> <td></td><td>☐ Dental Report/X-rays</td></tr> <tr> <td></td><td>☐ Visits Report</td></tr> <tr> <td></td><td>☐ Cardiac/EKG Reports</td></tr> </table> All information regarding alcohol/ drug use or abuse, mental health and/or HIV or AIDS WILL BE RELEASED unless you tell us not to by initialing below: _____ Do Not Release Alcohol/Drug Use or Abuse records _____ Do Not Release Mental Health records _____ Do Not Release HIV/AIDS records	Date of Service: _____	Type of Visit: _____	☐ History and Physical	☐ Photographs	☐ Laboratory Reports	☐ Discharge Summary	☐ Emergency Room Report	☐ Progress/Clinic Notes	☐ Surgery Report	☐ Care Plan	☐ Medications	☐ Immunizations	☐ Other: _____	☐ Radiology Reports		☐ Radiology Images (not able to fax images)		☐ Dental Report/X-rays		☐ Visits Report		☐ Cardiac/EKG Reports
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Type of Release:	<table border="0"> <tr> <td>☐ Hard Copies (paper)</td><td>☐ Verbal Exchange (no copies)</td></tr> <tr> <td>☐ CD (requires PDF viewing capability)</td><td>☐ Review of Record (no copies)</td></tr> </table>	☐ Hard Copies (paper)	☐ Verbal Exchange (no copies)	☐ CD (requires PDF viewing capability)	☐ Review of Record (no copies)																		
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☐ CD (requires PDF viewing capability)	☐ Review of Record (no copies)																						
Purpose of Release:	☐ Personal ☐ Attorney ☐ Continued Care - Appt Date: _____ ☐ Insurance ☐ Disability/ Social Security ☐ Other: _____ There may be a charge/fee for copies of records.																						
Delivery Method	☐ Mail ☐ Fax ☐ Pick up by patient/authorized designee (requires photo ID)																						
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Staff Use Only	Info Released By: _____ Date: _____ Form of ID: DL State ID Passport Other: _____																						

Fake Miscarriage Hospital Discharge Papers

RS Peters



Fake Miscarriage Hospital Discharge Papers:

Fake Miscarriage Hospital Discharge Papers Book Review: Unveiling the Magic of Language

In an electronic digital era where connections and knowledge reign supreme, the enchanting power of language has been apparent than ever. Its ability to stir emotions, provoke thought, and instigate transformation is truly remarkable. This extraordinary book, aptly titled "**Fake Miscarriage Hospital Discharge Papers**," written by a very acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound affect on our existence. Throughout this critique, we shall delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

https://staging.conocer.cide.edu/book/detail/fetch.php/Instructor_Manual_Engineering_And_Chemical_Thermodynamics_Koretzsky.pdf

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