

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:	<input type="checkbox"/> Hennepin County Medical Center (Hospital and Clinics) <input type="checkbox"/> Hennepin County Adult Detention Center <input type="checkbox"/> 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><input type="checkbox"/> History and Physical</td> <td><input type="checkbox"/> Photographs</td> </tr> <tr> <td><input type="checkbox"/> Laboratory Reports</td> <td><input type="checkbox"/> Discharge Summary</td> </tr> <tr> <td><input type="checkbox"/> Emergency Room Report</td> <td><input type="checkbox"/> Progress/Clinic Notes</td> </tr> <tr> <td><input type="checkbox"/> Surgery Report</td> <td><input type="checkbox"/> Care Plan</td> </tr> <tr> <td><input type="checkbox"/> Medications</td> <td><input type="checkbox"/> Immunizations</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Radiology Reports</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Radiology Images (not able to fax images)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dental Report/X-rays</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Visits Report</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cardiac/EKG Reports</td> </tr> </table> <p>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:</p> <p>_____ Do Not Release Alcohol/Drug Use or Abuse records</p> <p>_____ Do Not Release Mental Health records</p> <p>_____ Do Not Release HIV/AIDS records</p>	Date of Service: _____	Type of Visit: _____	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Photographs	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Progress/Clinic Notes	<input type="checkbox"/> Surgery Report	<input type="checkbox"/> Care Plan	<input type="checkbox"/> Medications	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Radiology Reports		<input type="checkbox"/> Radiology Images (not able to fax images)		<input type="checkbox"/> Dental Report/X-rays		<input type="checkbox"/> Visits Report		<input type="checkbox"/> Cardiac/EKG Reports
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<input type="checkbox"/> History and Physical	<input type="checkbox"/> Photographs																						
<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Discharge Summary																						
<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Progress/Clinic Notes																						
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<input type="checkbox"/> Medications	<input type="checkbox"/> Immunizations																						
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Fake Hospital Emergency Room Documents

Ensheng Dong



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Table of Contents Fake Hospital Emergency Room Documents

1. Understanding the eBook Fake Hospital Emergency Room Documents
 - The Rise of Digital Reading Fake Hospital Emergency Room Documents
 - Advantages of eBooks Over Traditional Books
2. Identifying Fake Hospital Emergency Room Documents
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Fake Hospital Emergency Room Documents
 - User-Friendly Interface
4. Exploring eBook Recommendations from Fake Hospital Emergency Room Documents
 - Personalized Recommendations
 - Fake Hospital Emergency Room Documents User Reviews and Ratings
 - Fake Hospital Emergency Room Documents and Bestseller Lists
5. Accessing Fake Hospital Emergency Room Documents Free and Paid eBooks
 - Fake Hospital Emergency Room Documents Public Domain eBooks
 - Fake Hospital Emergency Room Documents eBook Subscription Services
 - Fake Hospital Emergency Room Documents Budget-Friendly Options

6. Navigating Fake Hospital Emergency Room Documents eBook Formats
 - ePub, PDF, MOBI, and More
 - Fake Hospital Emergency Room Documents Compatibility with Devices
 - Fake Hospital Emergency Room Documents Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Fake Hospital Emergency Room Documents
 - Highlighting and Note-Taking Fake Hospital Emergency Room Documents
 - Interactive Elements Fake Hospital Emergency Room Documents
8. Staying Engaged with Fake Hospital Emergency Room Documents
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Fake Hospital Emergency Room Documents
9. Balancing eBooks and Physical Books Fake Hospital Emergency Room Documents
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Fake Hospital Emergency Room Documents
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Fake Hospital Emergency Room Documents
 - Setting Reading Goals Fake Hospital Emergency Room Documents
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Fake Hospital Emergency Room Documents
 - Fact-Checking eBook Content of Fake Hospital Emergency Room Documents
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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