

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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Fake Hospital Release Forms

Léo Pomar



Fake Hospital Release Forms:

Fake Hospital Release Forms Book Review: Unveiling the Magic of Language

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

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