

**PENOBSCOT VALLEY HOSPITAL
AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

I, _____ Authorize the employee and agents of PVH to release, disclose, and discuss any medical information with/to

Please specify applicable dates, illnesses or other information:

- | | |
|-------------------------|--|
| a. Inpatient _____ | e. Records from other facilities _____ |
| b. Outpatient _____ | f. Specific illness/injury _____ |
| c. Emergency Room _____ | g. Test Results _____ |
| d. Clinic _____ | h. Statements/responses I add _____ |

Other information to be disclosed (specify): _____

Information that I refuse to disclose (specify): _____

This information may be used for _____ ongoing treatment/aftercare _____ other

I may cross out and initial any of the following that do not apply. In no event may such information, if applicable, be disclosed without my specific consent.

1. I (DO DO NOT) authorize disclosure of information that refers to treatment or diagnosis of drug or alcohol abuse. Such information may not be redisclosed by the recipient without my specific written consent.
2. I (DO DO NOT) authorize disclosure of information that refers to treatment or diagnosis of psychiatric illness.
3. I (DO DO NOT) authorize future disclosures regarding these records to the same individual or entity during this period of time.

I understand that:

**I can revoke all or part of this authorization at any time by notifying the provider in writing subject to the rights of anyone who received or disclosed information prior to receiving my revocation.*

**I can review my medical records and refuse to disclose all or some of the information in them. However, such refusal may result in improper diagnosis or treatment, denial of insurance coverage, or a claim for health benefits, or other adverse consequences.*

**I can have a copy of this form upon request.*

**I can cross out and initial any words on this form with which I disagree.*

Signed _____ Date _____ D.O.B. _____
(Patient or his/her legal representative)

Witness _____ Date _____