

## AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Patient Name:		DOB:		
MRN#:	Last 4 SS#:	Phone #:		
Address:				
All sections of this form	n must be filled out completely	or it will not be accepted.		
Center, to disclose my he concerning treatment f applicable (excludes ps	ealth information as described boor drug/alcohol abuse, mentally chotherapy during a private	ter (MAHHC), including the Ottauquelow, which may include informat health, HIV status, or genetic test counseling session or a group, join ayment of my health care will not be	ion ing records, if it or family	
		e information is not a HIPAA covered leral and state privacy regulations.	ed entity, the	
Purpose of Request: _				
Description of informati  Inpatient dates:	on to be <b>disclosed or obtained</b>	from other provider/facility:		
Outpatient dates or pro-	vider name:			
Itemized Billing Record Include photos? YES				
The health information s	shall be <b>disclosed to/obtained f</b>	rom:		
Name				
Address				
City	State	Zip Code	;	
I authorize my provider(	s) at MAHHC to speak with m	health care provider(s) at other facili	lities.	
I understand that I may b	be charged for copies of my me	dical records. (See reverse side for fe	ees)	
	zation will expire <b>six</b> ( <b>6</b> ) month native date if desired):	s from the date of this authorization	unless I	
	I may revoke this authorization T 05089, except to the extent i	at any time by notifying MAHHC in has already been relied upon.	n writing at 289	

Mt. Ascutney Hospital and Health Center • 289 County Road • Windsor, VT • 05089



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Patient Name:		DOB:	
MRN#:	Last 4 SS#:	Phone #:	
If for my own personal use, I	request that my records be	2:	
Emailed to me at:			
Mailed to on paper me at:			
Saved on a CD and mailed to	me at:		
•	•	me, this is not a secure methonisuse of my records. <b>INITIA</b>	•
Signature of Patient or Pers	sonal Representative	Phone Number	Date
Printed Name of Personal Re	presentative	Legal Authority of P	Personal Representative

## **Fax Numbers:**

Hospital HIM: 802-674-7152 Physicians' Practices: 802-674-7314 Emergency Room: 802-674-7006 Acute Floor: 802-674-7005

Ottauquechee Health Center: 802-457- 2157

Rehabilitation Unit: 802-674-7150

Radiology: 8026747-7099

Specialties:

Podiatry: 802-674-7004 Physiatry: 802-674-7388

GI/General Surgery: 802-674-7475 Windsor Ophthalmology: 802-674-7346 Hanover Ophthalmology: 603-643-1877

**Phone:** HIM Dept.: 802-674-7254