

	The state of the s	Pleas	se complete the entire for	m.		
Patient Name					Request Cate	
Address				Oate of	Oate of Birth	
City/State/Zip				Last four	Last four digits of Social Security number	
E-mail Address				Phone	Phone	
•						
	st that my Protected Health Inform	ation (F	PHI) from Daughters of Chan	Relatio		
·						
Address				Telephone Number		
City/Sta	te/Zip			FaxNu	mber 	
Disclos	ure Format 🏻 Mail 🔻 Fax	□ Oth	er (Please specify):			
The Pre	rpose of this Authorization is indicate	ed in the	bax(es) below.			
	Further Medical Care		Personal		Research related treatment	
	Eligibility Determination		Changing Healthcare Provid	er 🖸	Legal Investigation or Action	
	Other:					
behavio	ed immunodeficiency Syndrome (AIDS oral or mental health services and tre- rize the release of the following prot Entire Record Medical History Examination	ected h	of alcohol or drug abuse. ealthinformation: Surgical reports	_	Immunizations	
author	oral or mental health services and tre rize the release of the following prot	ectedh	of alcohol or drug abuse. ealthinformation:	٥	Immunizations	
author	oral or mental health services and tre- rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records	ected h	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other:		Immunizations	
author	oral or mental health services and tre- rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records oliance with state and/orfederal law the following records:	ected h	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: require special permission to	o release other	Immunizations wise privileged information, ples	
author	oral or mental health services and tre- rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records	ected h	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other:	orelease others	Immunizations	
author author	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records pliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases	etment ected h	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: Integuire special permission to Vocational Rehabilitation	orelease others	Immunizations wise privileged information, ples	
lauthor	oral or mental health services and tree frize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records Diliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse	etment ected h	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: Other: Vocational Rehabilitation HIV/AIDS	orelease others	Immunizations	
lauthor	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records pliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases	ectedh C C C C C C C C C C C C C	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: vequire special permission to Vocational Rehabilitation HIV/AIDS Genetics	release other	Immunizations	
authorical comparation of the co	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records pliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health	ectific Da	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: vequire special permission to Vocational Rehabilitation HIV/AIDS Genetics tte(s):	release other	Immunizations	
lauthor	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records oliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health ag the period of healthcare from: Spa- ng this authorization form, I underst Requests for copies of medical recor	ectfic Da	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: vocational Rehabilitation HIV/AIDS Genetics ste(s): subject to reproduction fees in	release others	Immunizations Mise privileged information, pless Psychotherapy Notes Other	
lauthor	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records Oliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health ag the period of healthcare from: Spe ing this authorization form. I underst Requests for copies of medical recor I have the right to revoke this autho	ectific Da and tha rds are s	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: In require special permission to Vocational Rehabilitation HIV/AIDS Genetics Itte(s): Itte: Subject to reproduction fees in Lat any time. Revocation must	toaccordance wi	Immunizations Mise privileged information, pless Psychotherapy Notes Other	
author	oral or mental health services and tree fize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records Oliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health ag the period of healthcare from: Spe ing this authorization form. I underst Requests for copies of medical recor I have the right to revoke this autho Daughters of Charity Health Centers	ectfic Da and tha rds are s	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other:	to	Immunizations wise privileged information, ples Psychotherapy Notes Other - th federal/state regulations. ting and presented or mailed to:	
author	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records Oliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health ag the period of healthcare from: Spe ing this authorization form. I underst Requests for copies of medical record I have the right to revoke this autho Daughters of Charity Health Centers Unless otherwise revoked, this auth	ectific Da and tha rds are: rization i Medica orizatio	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: In require special permission to Vocational Rehabilitation HIV/AIDS Genetics Itte(s): Ittesubject to reproduction fees in Just any time. Revocation must al Records Department, In will expire 12 months from t	to	Immunizations wise privileged information, ples Psychotherapy Notes Other - th federal/state regulations. ting and presented or mailed to:	
lauthor lauthor lacompelease	oral or mental health services and tree fize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records Oliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health ag the period of healthcare from: Spe ing this authorization form. I underst Requests for copies of medical recor I have the right to revoke this autho Daughters of Charity Health Centers	ectific Da and tha rds are: rization i Medica orizatio	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: In require special permission to Vocational Rehabilitation HIV/AIDS Genetics Itte(s): Ittesubject to reproduction fees in Just any time. Revocation must al Records Department, In will expire 12 months from t	to	Immunizations wise privileged information, ples Psychotherapy Notes Other - th federal/state regulations. ting and presented or mailed to:	
lauthor	oral or mental health services and tree rize the release of the following prot Entire Record Medical History, Examination, reports Itemized Billing Records Oliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health ag the period of healthcare from: Spe ing this authorization form. I underst Requests for copies of medical record I have the right to revoke this autho Daughters of Charity Health Centers Unless otherwise revoked, this auth	ecific Da and tha risare s rization s Medica orization and un	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: In require special permission to Vocational Rehabilitation HIV/AIDS Genetics Itte(s): Ittesubject to reproduction fees in Just any time. Revocation must al Records Department, In will expire 12 months from t	to	Immunizations wise privileged information, ples Psychotherapy Notes Other - th federal/state regulations. ting and presented or mailed to:	
la compresses	oral or mental health services and tree rize the release of the following protentize the release of the following protentize Record Medical History, Examination, reports Itemized Billing Records pliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health In the period of healthcare from: Speng this authorization form, I underst Requests for copies of medical record have the right to revoke this author Daughters of Charity Health Centers Unless otherwise revoked, this author I acknowledge that I have fully read or Authorized Representative Signatures.	ecific Da and tha risare s rization s Medica orization and un	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: In require special permission to Vocational Rehabilitation HIV/AIDS Genetics stee(s): It is subject to reproduction fees in at any time. Revocation must all Records Department, In will expire 12 months from toderstand this form.	to	Immunizations wise privileged information, ples Psychotherapy Notes Other - th federal/state regulations. ting and presented or mailed to:	
la compresses	oral or mental health services and tree rize the release of the following protentize the release of the following protentize Record Medical History, Examination, reports Itemized Billing Records pliance with state and/orfederal law the following records: Alcohol, Drug, or Substance Abuse Sexually Transmitted Diseases Mental Health In the period of healthcare from: Speng this authorization form, I underst Requests for copies of medical record have the right to revoke this author Daughters of Charity Health Centers Unless otherwise revoked, this author I acknowledge that I have fully read or Authorized Representative Signatures.	ecific Da and tha risare s rization s Medica orization and un	of alcohol or drug abuse. ealth information: Surgical reports Treatment or Tests Prescriptions Other: In require special permission to Vocational Rehabilitation HIV/AIDS Genetics stee(s): It is subject to reproduction fees in at any time. Revocation must all Records Department, In will expire 12 months from toderstand this form.	to	Immunizations vise privileged information, pless Psychotherapy Notes Other	