

PATIENT INFORMATION RELEASE AUTHORIZATION

Name of Facility: Lincoln Surgical Hospital
Address of Facility: 1710 South 70th Street, Suite 200, Lincoln, NE 68506
Name of Patient: _____

Address of Patient: _____

Date & Time of Admission at Facility: _____ DOB: _____

I, _____ hereby authorize the facility, its director or designee, or the Medical Records Department to release information contained in my/my dependent(s) records, including alcohol and drug abuse records protected under the regulations in Code 42 of Federal Regulations, Part 2. If any; psychological services records, if any and social services records, if any; including communications made to me/my dependent(s) to a social worker of psychologist, to the individuals or organizations listed below, only under the conditions listed below.

1. Name of person(s) or organization(s) to whom disclosure is to be made:

2. Specific type of information to be disclosed:
_____ Patient Chart ___ X-Ray Films ___ X-Ray Reports ___ Other: _____

3. The purpose and need for such disclosure: _____

4. This consent is subject to revocation at any time except in those circumstances in which the facility has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given have been accomplished. However, any consent given with respect to alcohol and/or drug abuse records shall have a duration no longer than necessary to effectuate the purpose for which it is given.

5. Without expressed revocation this consent on the date set forth below for the specified reasons: Date: _____
or Event: _____
or Condition: _____
or None: _____

Signature of Witness

Date

Signature of Patient

Date

Patient Social Security Number

If the patient is unable to sign, state the reason why and sign below: _____

Signature of Guardian/Legal Representative

Date

I understand that I may revoke this release at any time.

Patient's Signature or Guardian: _____

Date: _____

Witness Signature: _____

Date: _____

This form is valid for sixty (60) days from this date of signing.