

**UNION HOSPITAL  
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: UNION HOSPITAL  
659 Boulevard  
Dover, Ohio 44622

Patient's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Treatment: \_\_\_\_\_  
Soc. Sec. Number: \_\_\_\_\_

1. I hereby authorize and give my consent to permit:

\_\_\_\_\_  
\_\_\_\_\_

to examine or receive a copy of records indicated below including diagnosis, HIV testing, care and treatment of related condition, drug/alcohol abuse and/or psychiatric/mental conditions:

- |   |   |
|---|---|
| <input type="checkbox"/> DISCHARGE SUMMARY    | <input type="checkbox"/> CARDIOPULMONARY REPORTS  |
| <input type="checkbox"/> HISTORY AND PHYSICAL | <input type="checkbox"/> PHYSICIAN'S ORDERS/PROGRESS NOTES  |
| <input type="checkbox"/> OPERATIVE REPORTS    | <input type="checkbox"/> CONSULTATION REPORTS   |
| <input type="checkbox"/> PATHOLOGY REPORTS    | <input type="checkbox"/> OTHER: _____   |
| <input type="checkbox"/> RADIOLOGY REPORTS    | <input type="checkbox"/> COMPLETE MEDICAL RECORD (do not check this unless entire record is required) |
| <input type="checkbox"/> X-RAY FILM           |   |
| <input type="checkbox"/> LABORATORY REPORTS   |   |

2. The above information is released for the following purpose and that purpose only. Any other use is forbidden:

\_\_\_\_\_ Insurance or other third party reimbursement  
\_\_\_\_\_ Continuity of medical care  
\_\_\_\_\_ Pending legal action  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

3. A copy of this authorization made by duplicating process shall be valid for all purposes as this original signed by understand that the release form must be dated not more than sixty (60) days before the date on which it is submitted.

\_\_\_\_\_  
(Signature) (Date)

Signed: Patient  Spouse  Guardian  Other: \_\_\_\_\_

A legal document naming guardian or executor of estate must accompany authorization where applicable (proof of legal executor of estate of those patients expired, or legal proof of guardianship).

PLEASE ADDRESS YOUR CORRESPONDENCE: "ATTENTION MEDICAL RECORDS"