SKYLINE HOSPITAL

Consent for Release of Information

Patient name:		Maiden/nickname/other names:
Mailing Address:		Date of birth:
City, state, zip code:		Phone:
Please obtain information from:	**Please send my information to:**	
Skyline Hospital PO BOX 99 White Salmon, WA 98672	Name:	Title (self, physician, attorney, etc.):
	Address:	
❑ Please call when records are ready for pick up.* ❑ Please mail records.* ❑ Please fax records.*	City, state, zip code:	
	Fax:	Phone:

I authorize above named Hospital, Clinic or Physician to release the following protected health information:

Specific treatment date(s) or admission(s): _____

Specific information as listed below:

❑ X-ray CD
❑ X-ray report
❑ Operative report
❑ Laboratory report
❑ History & Physical report
❑ Discharge summary
❑ Emergency report
❑ Progress note
❑ Other:

I understand that certain information in these records cannot be released without specific authorization because of Federal and/or State law. **By initialing below**, I specifically authorize the release of the following confidential and protected health information:

_____ HIV test and/or other sexually transmitted disease test results and related information, including documentation of high-risk behavior.

_____ Genetic testing results and related information.

_____ Drug and/or alcohol diagnosis, treatment and/or referral information.

_____ Mental health treatment information.

My consent may be revoked at any time. The only exception is when the action has already occurred as instructed in this Consent. **This Consent will expire one year from date of signature below.**

Patient signature:	Parent/Legal Guardian signature (if applicable):
Date:	Witness signature:

*Please allow **14 days** for completion of your record request. There is **no charge** for records provided to patients or physicians and hospitals **for continuity of patient care**.

Release of Information Clerk | P: 509-637-2943 | F: 509-493-4057

For official use only:

Date records sent:_____ Sent via: ❑ Mail ❑ Fax ❑ Picked up (by: _____)

Copy of release sent to: _____ on: _____