



CMA Authorization for Release of Health Information

Follow the instructions below when filling out the Authorization for Release of Health Information:

- Print name, birth date, address & phone number of patient whose medical records are being requested
- Fill out **#5** with the name, address, phone & fax number of **provider** or person that will be **releasing the records**
- Fill out **#6** with the name, address, phone & fax number of **provider** or person that the **information is being sent to**
- Fill in **#7** with the **Purpose for Release of Information** (ex. Moving, Treatment, Litigation)
- In **#8** indicate an expiration date or expiration event (CMA Authorization is auto-filled with “One year from signature date”)

Check what items should be released:

- ✓ Medication List
- ✓ Vitals
- ✓ Immunizations
- ✓ Progress Notes
- ✓ Consults
- ✓ Lab Results
- ✓ Radiology/Test Results
- ✓ Insurance/Billing Information
- ✓ Other _____
- ✓ All Records – 3 years
- ✓ All Records – 1 year

*****When releasing sensitive information (Alcohol/Drug Treatment, Mental Health Programs, HIV/AIDS-related information) the patient will need to check which type & initial*****

- Fill in **#9** if it's not the patient signing the form; **#10** should state the description of the person signing on behalf of the patient (ex. Parent, Legal Representative); be sure to include any required documentation (Healthcare Proxy, Executor of Estate, POA, etc.) with signed authorization
- Patient or legal representative will sign & date the bottom of the authorization

For questions regarding this process, please contact our Medical Records Department at (607) 277-2365, Option 6.

