

Please complete the enclosed Authorization to Release/Obtain Medical Records and return the original to the Receptionist. **The processing time is generally 3-4 weeks.**

Please note the following guidelines:

The patient must sign the authorization, ages 14 and older. The parent or guardian for all minors, 13 and younger, must sign the authorization. Authorization to release information from records containing HIV information must be signed by the patient, ages 12 and older.

The legal guardian in cases of adjudicated incompetence must sign the authorization. Proof of guardianship must be provided. When applicable, the request must be accompanied by proof of Durable Power of Attorney.

In the case of a deceased patient, a copy of the death certificate and proof of status as administrator of the estate must be provided.

The patient and witness signatures must be dated.

An original (ink) authorization is required for each release.

We cannot release to multiple parties from the same authorization.

The specific information to be released must be noted on the Authorization to Release and all sections must be completed in order to process your request.

If you have any questions concerning this matter, please feel free to contact the Medical Records Department at (609) 518-2109.

2/2022