want released (Check what

Account Number

you want)

OTHER \_\_\_\_

## Med Center Health MEDICAL INFORMATION RELEASE AUTHORIZATION

	Who is releasing information			
☐Barren River Regional Cancer Center 103 Trista Lane Glasgow, KY 42141		☐ Infectious Disease & Travel Medicine 720 Second Ave, Ste. 307 Bowling Green, KY 42101	■ Medical Center Surgical Weight Loss Program 825 Second Avenue, Ste. A4 Bowling Green, KY 42101	□Scottsville Primary Care Clinic 217 West Main Street Scottsville, KY 42164
□Bluegrass Outpa / Just for Wome 1751 Scottsville I Bowling Green, h	n Rd, Suite 9	■ Medical Center Heart Institute 350 Park Street, Suite 210 Bowling Green, KY 42101	e Medical Center Urgentcare 291 New Towne Drive Bowling Green, KY 42103	☐ The Medical Center 250 Park Street Bowling Green, KY 42101
☐ Bluegrass Outpa Franklin 1020 South Main Franklin, KY 4213	Street	<ul> <li>■ Medical Center Hematology</li> <li>&amp; Oncology</li> <li>350 Park St., Suite 206</li> <li>Bowling Green, KY 42101</li> </ul>	☐ Munfordville Primary Care Clinic, a Department of The Medical Center at Caverna 1134 Main St. P.O. Box 340 Munfordville, Ky 42765	☐ The Medical Center at Albany 723 Burkesville Road Albany, KY 42602
□Cal Turner Rehab & Specialty Care 456 Burnley Road Scottsville, KY 42164		☐ Med Center Health Surgical Specialists 250 Burkesville Road Albany, KY 42602	☐ Orthopedics Plus Physical Therapy (Bowling Green - South) 5796 Nashville Road Bowling Green, KY 42101	□The Medical Center at Caverna 1501 South Dixie Street Horse Cave, Ky 42749
☐ Caverna Primary Care Clinic, a Department of The Medical Center at Caverna 1495 South Dixie Street Horse Cave, Ky 42749		☐ Med Center MRI 254 Burkesville Road Albany, Ky 42602	Orthopedics Plus Physical Therapy (Bowling Green - North) 6807 Louisville Road Bowling Green, KY 42101	☐The Medical Center Cancer Treatment Center 250 Park Street Bowling Green, KY 42101
CHC Employee Health Services 720 Second Avenue, Ste. 207 Bowling Green, KY 42101		☐ Medical Center Health Neurology 1221 Ashley Circle Bowling Green, KY 42104	Orthopedics Plus Physical Therapy 520 S Main Street Brownsville, Ky 42210	☐ The Medical Center at Franklin 1100 Brookhaven Road Franklin, KY 42134
☐ Commonwealth Regional Specialty Hospital 250 Park Street Bowling Green, KY 42101		■ Medical Center Neuroscience Services 825 Second Avenue, Ste. C3 Bowling Green, KY 42101	Orthopedics Plus Physical Therapy 70 Public Sqaure Elkton, Ky 42220	☐ The Medical Center at Scottsvil 456 Burnley Road Scottsville, KY 42164
☐Community Clinic/ The Dental Clinic 740 E 10th Ave Bowling Green, KY 42101		☐ Med Center Orthopaedics & Sports Medicine 825 Second Ave East Suite C2 Bowling Green, KY 42101	Orthopedics Plus Physical Therapy 725 South Main Street Morgantown, Ky 42261	☐ Western Ky Diagnostic Imaging a department of The Medical Center 1635 Scottsville Road Bowling Green, KY 42104
■ ENT of Bowling Green 340 New Towne Drive Bowling Green, KY 42103		☐ Medical Center Primary Care 1901 Scottsville Road Bowling Green, KY 42104	Orthopedics Plus Physical Therapy 105 Robins Way, Suite 201 Russellville, Ky 42276	☐ Women's Health Specialists 350 Park Street, Ste. 203 Bowling Green, KY 42101
☐ Fountain Run Rural Health Clinic 47 Akersville Road Fountain Run, KY 42133		☐ Medical Center Primary Care Franklin 1020 S Main Street Franklin, Ky 42134	☐Orthopedics Plus Physical Therapy 102 West Maple Street Scottsville, Ky 42164	
☐ Franklin Surgical Services 1030 Brookhaven Road Franklin, Ky 42134		■ Medical Center Psychiatry a Department of The Medical Center 350 Park Street, Ste. 204 Bowling Green, KY 42101	☐ Rural Health Clinic 466 Burnley Road Scottsville, KY 42164	
Patient	Name:			
Identification	Date of Birt	·h·	SS#	Phone:
Release records to	Name:			Phone:
Dates of	Dates:			
treatment	Type of treatment:(may include psychiatric, drug or alcohol abuse)EROutpatient InpatientProvider Office			
Reason for	Medical Care Insurance Legal Claim Other, Please explain below:			
release				
Information you	History & PhysicalPathology OUTPTDischarge Summary OR REPORT			
want released	ER REPORT _X-RAY LAB (May include AIDS/HIV information)			

I understand that this authorization is valid only for a maximum of 90 days from the date below, and it covers only treatment prior to the date below.

This information may be released by facsimile machine if request warrants. Commonwealth Health Corporation and its subsidiaries are hereby released from any liability and the undersigned will hold Commonwealth Health Corporation harmless for complying with this authorization. A photostat copy of this authorization is acceptable and will be treated as original.

The undersigned acknowledges that the provision of free medical records by any healthcare provider who receives this release shall fulfill that healthcare provider's obligation to provide one free copy of the medical records, and that any future report request for medical records from the healthcare provider may result in a copying fee up to one dollar per page.

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand that I have a right to revoke this authorization at anytime. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Revocation date	Patient/Legal Representation	ve:
authorization. I need not sig information to be used or di information comes with it the protected by federal confiden	In this form in order to assure treatment. Isclosed, as provided in CFR 164.524. In potential for an unauthorized redisclosed.	•
Patient/Legal Representativ	e Signature:	Date:
Relationship to patient:		
Please mail the completed a	authorization form to:	
_	Attn: Release of Information	
	Health Information Management	Department
	The Medical Center	•
	250 Park Street	
	Bowling Green, KY 42101	
	FOR OFFICE USE ONLY	
☐ Released by:		
☐ # of pages copied:		
First free copy: Yes □ No □	]	