BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

# Authorization for Release of Protected Health Information


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www.upstatecardiology.com


Form 46

Patient's Name: ____________________

Date of Birth: ____________________ ID/SS# ____________________

Patient's Address: ____________________

City: ____________________ State: __________ Zip Code: __________

❑ I authorize Upstate Cardiology to ***release*** my health information to:

Recipient: ____________________ Pick-up Onsite? __________

Address: ____________________ City: ____________________

State: ______ Zip Code: __________ Phone: __________ *Fax: __________

*Only if recipient is a health provider for the purpose of Continuing Care

❑ I authorize ____________________ to ***submit*** my health Information to Upstate Cardiology, fax numbe 864-282-2090.

**Information to be released / submitted:**

❑ All Dates of Service(s)

❑ Specific Dates of Service: ____________________

❑ All Records ❑ Exam Notes Only ❑ Tests Only

❑ EKG(s) Only ❑ Other: ____________________

1) I understand that if my records contain documentation of alcohol abuse, psychiatric condition, drug abuse or communicable diseases or HIV-AIDS, this information will be released.
2) I understand that if the person or entity receiving this information is not covered by federal privacy regulations, this information will no longer be protected and may be re-disclosed.
3) I understand that I may revoke this authorization at any time, but revocation will not apply to information that has already been released. *Note: Revocations must be in writing and forwarded to the Medical Records Department.*
4) I understand that this authorization will expire in 90 days, unless revoked (see number 3).

____________________ __________
Signature of Patient Date

OR

____________________ __________
Signature of Legal Representative Date
Authority to Act for patient**

**Requires support documentation (I.E. Power of Attorney, Declaration of Guardianship, Certificate of Appointment, Death Certificate, etc)