



Instructions for Completing the Authorization for Release of Health Information

You can submit a request via our MyAtriumHealth Patient Portal or you can submit a completed Authorization for Release of Health Information by following the instructions listed below.

Patients/Representatives need to carefully read and complete every section prior to signing and dating the form to ensure a valid and complete authorization.

1. Patient Information:

Please fill out all patient information that is listed (Name, Date of Birth, Street Address, City, State, Zip Code, Telephone and Email Address).

2. Release Information From / Release Information To:

- A. List the name of what hospital, doctor's office or other healthcare center(s) you were treated at that will be releasing the medical records.
- B. List the name, address, fax number and phone number of the organization or person to whom you want the records sent.

3. Purpose:

- A. Check the reason you are giving permission for the records to be released.

4. Records to be released:

- A. Please list the **dates of service** of the records you want released. (Dates the patient was in the hospital or seen at the doctor's office or clinic.)
- B. Please be specific as to what part of the medical record is being requested.
 - i. If you were treated at a hospital facility - select from the Facility checklist.
 - ii. If you were treated at a doctor's office or clinic - select from the Office/Clinic checklist.
 - iii. If you are requesting records from both a hospital facility and a doctor's office or clinic select from both checklists.
- C. Select Format and Delivery Method - how you want the information to be sent: CD, paper, or electronic.

5. Authorize:

Read the Patient's Rights statements.

Please print your name, sign, and date the form to confirm the release of the medical information requested. Please note - typed signatures are not accepted.

Please note that a fee may be charged for copying the records.

6. Obtaining Your Medical Record:

- A. For access to medical records you may submit your completed form one of many ways:
 - Via email: MedicalRecordsROI@atriumhealth.org, Fax: 478-633-7818, or
 - Mail: 777 Hemlock St., MSC#148, Macon, GA 31201.
- B. You may call 478-633-1067 for further assistance.