

Tips for Completing Authorization Form

Please complete all sections of this Authorization. Each section is important and should not be left blank.

Do not cross off any sections or use correction tape or white out on the authorization. If any of these changes are made, the form will be considered invalid.

Definitions of Sections:

- **Recipients' name\address:** The name and address of the healthcare provider; person; or company you want your records to be released to. If records are for yourself, please write your name in this box.

- **Purpose of disclosure:** The reason you are requesting your records to be released (i.e. personal, legal, insurance, work, doctor, etc.).

- **Dates:** The date(s) or date range of records that you would like released. If you are not sure of the exact date, use a date range.

- **Description:** Check the report(s) you would like to be released. If you are requesting for personal use or for another provider/doctor, an **Abstract/Pertinent reports is suggested.**

- **Relationship to Patient:** This is the relationship of the person signing the authorization and the patient.

After all sections of the authorization are complete, please make sure you sign and date the form.

If you have any questions, please call the phone number provided at the top of the form.

Thank you,

Release of Information Office

Lakewood Ranch Medical Center