

Excellence Every Day.

One Hospital Drive
Lewisburg, PA 17837
570.522.2000

www.evanhospital.com



Authorization for Release of Medical Record Information

Instructions for Completion

Follow these instructions for completing the form to request release of your medical record information.

Completion of this form is also required to obtain access to your personal medical information.

Failure to correctly complete this form may result in a delay in processing your request.

A patient access fee may apply.

- Enter the full patient name (last name, first name, and middle initial) and date of birth. Please include phone number where you can be reached if there are any questions related to your request.
- In the next section enter the name and address of the hospital, doctor, company, or person to whom the information will be released.
- If you are requesting access to your own personal medical information, please list your own name and address in this section.
- Check the box to indicate the specific information to be released and specify the date of service.
- Check the box that best describes the purpose of your request.
- If you have had testing, diagnosis, or treatment related to HIV/AIDS, alcohol/ drug abuse, or mental health, please read carefully the section that addresses the release of these types of information.
- The patient, parent, or legal representative must date and sign the form.
- The patient must be 18 years old or a legally emancipated minor to sign the authorization.
- If the form is signed by someone other than the patient, specify the signer's relationship to the patient on the next line.

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- After signing the authorization, a second individual should sign as a witness to your signature. Anyone can sign as a witness.
- If the individual signing the authorization form is a guardian, executor of an estate, or power of attorney for the patient, that person must submit a copy of the appropriate legal document which proves authority to act on behalf of the patient.
- If the patient is deceased, the executor of the estate must write on the authorization form "ESTATE" OR "NO ESTATE." If there is no estate, the death certificate must be submitted. The next of kin will need to sign the authorization. If there is an estate, a copy of the short certificate must be submitted. The executor of the estate must sign the authorization.
- Per HIPAA guidelines please keep a copy of your completed form.

Mailing Instructions

- Mailing address:
Evangelical Community Hospital
Health Information Services
Release of Information
One Hospital Drive
Lewisburg, PA 17837
- FAX # - 570-768-3930
- Scan and e-mail to ROITeam@evanhospital.com (this e-mail is not secure or encrypted)

Other Information

- It takes approximately 10 business days to release your medical information.
- Evangelical Community Hospital works with a contracted medical record copy service MRO -Medical Records Online. You may receive correspondence from MRO.
- Any questions or concerns, please call 570-522-2572.

