ALOMERE HEALTH
Here for Life

111 17th Avenue East
Alexandria, MN 56308
Phone: 320-762-1511
Fax: 320-762-6127

Alexandria Clinic
610 30th Ave West
Alexandria, MN 56308
Phone: 320-763-5123
Fax: 320-763-7883

Heartland Orthopedics
111 17th Ave East, Suite 101
Alexandria, MN 56308
Phone: 320-762-1144
Fax: 320-762-1935

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Information:

Name:_____ Date of Birth: _____
Previous Name:_____Phone Number:_____
Street Address: _____
City: _____State: _____ Zip: _____ Internal Use: MRN#_____

This Will Authorize:
(Who has the information you would like released?)

Organization/Name:_____
Address: _____ Phone Number: _____
City: _____State: _____Zip: _____ Fax Number: _____

To Release Records To:
(Where do you want the information sent?)

Organization/Name:_____
Address: _____ Phone Number: _____
City: _____State: _____Zip: _____ Fax Number: _____
Relationship to Patient (If any) _____

Method of Sending:

☐ Mail ☐ Fax #:_____ ☐ In Person-**Picture ID Will Be Required**
(If someone other than you will be picking up records, print their name here:) _____
☐ ASAP Request ☐ Date Needed By: _____

Format of Records:

☐ Paper ☐ Electronic ☐ MyChart What is Mychart? Refer to: https//mychart.centracare.com/mychart/default.asp?mode=stdfile&option=faq

Information to be Disclosed:
(Indicate only the information you are authorizing to be released)

Dates of Service: From: _____ To: _____

_____Operative Reports
_____Discharge Summary
_____Consultation Reports
_____History and Physical Reports
_____Laboratory/Pathology Reports
_____Progress Notes
_____Other (Specify)
_____Nursing Notes
_____Emergency Room Reports
_____Rehabilitation (PT/OT/ST)
_____X-ray/Radiology Reports ____ X-ray Films
_____EKG/Echo/Cardiology
_____Medication Records
_____ Billing

*If no dates of service are requested, one year of health information will be provided.

Special Disclosure:

☐ HIV/AIDS ☐ STD ☐ Chemical Dependency ☐ Mental Health (Psychotherapy Notes Require A Separate Release)

Reason for Disclosure:

☐ Continuing Care ☐ Legal/Attorney ☐ Insurance Claim ☐ Personal Use ☐ Relocating
☐ Disability ☐ Patient Review ☐ Billing Purpose ☐ Referral ☐ Other _____

Revocation:

- I understand I may revoke this authorization by written request at any time to the address listed at the top of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- This authorization will automatically expire one year from the date of my signature, ***or*** _____ (period of time, for example, 2 days, 3 weeks or 5 months) from the date of my signature, *if specified here.* The expiration period noted here may exceed one year only in certain situation as specified in Minnesota statute 144.335 3a: for release to a provider in connection with current treatment: for release for purposes of payment claims, fraud investigation or quality of care: for release to an external researcher solely for purposes of medical or scientific research.
- I understand that the organization receiving the information will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the consent form.

Additional Information:

- I understand that once information is released pursuant to this authorization, this facility cannot prevent the re-disclosure of the information to another third party and may no longer be protected by federal or state privacy laws.
- I understand this authorization **must be filled out completely**, signed and dated in order to be considered valid. A fax or photocopy that has not been altered will be considered as valid as an original.
- As noted above, I understand I may revoke this authorization by written request at any time to the authorized address listed above.
- I understand there may be a retrieval and copy charge associated with the release.
- This facility shares an electronic medical record with CentraCare Health System organizations and other Non-CentraCare Health System affiliates. Authorizing the release of the following items: Medication List, Allergy List, Problem List, Immunization Data and/or Medical History includes the release of this information from all sites that share an electronic medical record. A list of these Non-CentraCare Health System affiliates is available on request.

Authorization & Verification:

_____ _____ _____
SIGNATURE OF PATIENT/AUTHORIZED PERSON RELATIONSHIP TO PATIENT DATE

Reason patient is unable to sign ☐ Minor ☐ Deceased ☐ Incompetent ☐ Other _____
Internal Use: ID Checked:_____ Copy for Patient:_____ Patient Declined Copy: _____

Alomere Health and all of its services comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alomere Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alomere Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- **Qualified sign language interpreters**
- **Written information in other formats (large print, accessible electronic formats, other formats)**

Alomere Health provides free language services to people whose primary language is not English, such as:

- **Qualified interpreters**
- **Information written in other languages**

If you need these services, contact our office:

Alomere Health
111 17th Ave E • Alexandria, MN 56308
Telephone: 320-762-1511
Fax: 320-762-6120

If you believe that Alomere Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Alomere Health
111 17th Ave E • Alexandria, MN 56308
Telephone: 320-762-1511
Fax: 320-762-6120

You can file a grievance in person or by mail or fax. If you need help filing a grievance, we have staff available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf*, or by mail or phone at:

U.S. Department of Health
and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-868-1019, 800-537-7697 (TDD).

Notice of Non-Discrimination

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-320-762-1511.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-320-762-1511.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-320-762-1511。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-320-762-1511.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-320-762-1511.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-320-762-1511번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-320-762-1511.

מאזקרעמפיוא: ביוא ריא טדער שידיא, ןענעז ןאהראפ
פאר ךייא ךארפש ףליה סעסיוורעס יירפ ןופ לאצפא.
טפור 1-320-762-1511.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১1-320-762-1511।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-320-762-1511.

اللغة، فإن خدمات المساعدة اللغوية تتوافر لك
بالمجان. اتصل ملحوظة: إذا كنت تتحدث اذكر
برقم 1-320-762-1511.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-320-762-1511.

تو آپ کو زبان کی مدد کی خدمات مفت میں
خبردار: اگر آپ اردو بولتے ہیں،
دستیاب ہیں ۔ کال کریں 1-320-762-1511.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-320-762-1511.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-320-762-1511.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-320-762-1511.

Alomere Health

Alexandria Clinic

Osakis Clinic

Heartland Orthopedic Specialists

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HEALTH

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