



Alomere Health
111 17th Ave 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

Lakes ENT/Audiology
111 17th Ave East
Suite 1
Alexandria, MN 56308
Phone: 320-759-4326
Fax: 320-759-4327

VERBAL RELEASE FORM

Patient Full Name (including middle initial) _____

Patient Date of Birth: _____

Previous Name (if any): _____ Phone Number: _____

Street Address: _____ Last 4 Digits SSN: _____

City: _____ State: _____ Zip Code: _____ Internal Use MRN#: _____

This will authorize these facilities to verbally release information as designated below, to the following individuals for the purpose of assisting with my health care and/or finances, unless otherwise noted. This verbal release form does not include hard copies and/or electronic copies of medical records.

Name (including Middle Initial): <input type="checkbox"/> All Medical Records* (Including Billing and Appointment)	Relationship: <input type="checkbox"/> Billing Information Only	Phone Number: <input type="checkbox"/> Appointment Information Only
Name (including Middle Initial): <input type="checkbox"/> All Medical Records* (Including Billing and Appointment)	Relationship: <input type="checkbox"/> Billing Information Only	Phone Number: <input type="checkbox"/> Appointment Information Only
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Name (including Middle Initial): <input type="checkbox"/> All Medical Records* (Including Billing and Appointment)	Relationship: <input type="checkbox"/> Billing Information Only	Phone Number: <input type="checkbox"/> Appointment Information Only

- 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.
- Special Disclosure:** With the exception of Psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency, STD and/or AIDS/HIV related illness/testing will **not be** verbally released unless otherwise indicated by initialing here: _____
- I understand that once information is verbally released pursuant to this authorization, these facilities cannot prevent the re-disclosure of the information to another third party.
- These facilities will not condition treatment on my signing 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. As noted above, I understand I may revoke this authorization by written request at any time to the address listed above.
- 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.
- This facility shares an electronic medical record with CentraCare Health System organizations and other Non-CentraCare Health System affiliates. Authorizing the verbal 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.

Signature of Patient/Authorized Person _____

Authorized Person's Authority to Sign
(Parent, Guardian, Health Care Agent, Etc)

Date _____

ID Checked: _____

Copy For Patient: _____

Patient Declined Copy: _____

In Addition To: _____

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。

BHVMÁHVE: Ecn1 Bl roBop1Te Ha pycc o l e, To BA AocTynHl бeчнnаTHle ycnыр1 nepeBoAa. 3BoH1Te 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.

אזהרה: אם אתם מדברים אנגלית, שירותי עזרה לשפה, ללא עלות, זמינים עבורכם. קראו 1-320-762-1511.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-320-762-1511।

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

اللغة، فإن خدمات المساعدة اللغوية متوافرة لك بالمجان. اتصل بلحوظة: إذا كنت تتحدث أكثر 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، 1-320-762-1511 دستياب ہیں۔ کال کریں

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



ALOMERE
HEALTH

Here for Life