

<b>PATIENT INFORMATION</b>	<b>NAME:</b> _____ <b>DATE OF BIRTH:</b> _____ <b>Address:</b> _____ <b>Day Phone:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Clinic/Hospital/Health Care Provider—</b>  (Who has the information you want released?) Please list the specific Hospital/Clinic	<b>NAME:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Receiving Party</b>  (Where do you want the information sent? Who may have the information?)	<b>NAME:</b> _____ <b>Attention to:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Fax Number (URGENT PATIENT CARE ONLY)</b> _____
<b>Information to be Released</b>  (What do you want sent or released? Mark the Appropriate option)	Routine Record Sets (indicate date(s) of service _____) <input type="checkbox"/> Clinic (office visit, lab, radiology, medicines, immunizations) <input type="checkbox"/> Hospital (history and physical, discharge summary, operative report, emergency room) <input type="checkbox"/> Billing Records <input type="checkbox"/> Copies of Films/Images <input type="checkbox"/> Any and all records (includes ALL types of record listed below. If you want to include images and billing records, check those above.  Only record types checked below <input type="checkbox"/> Discharge summary/note <input type="checkbox"/> Radiology reports <input type="checkbox"/> Emergency record(s) <input type="checkbox"/> Medications <input type="checkbox"/> History & physical exam <input type="checkbox"/> Rehab records (PT/OT) <input type="checkbox"/> Immunization/Allergy <input type="checkbox"/> Operative reports <input type="checkbox"/> Laboratory reports <input type="checkbox"/> Pathology reports <input type="checkbox"/> Progress/Clinic notes <input type="checkbox"/> Consultations <input type="checkbox"/> Other records specify _____  OPTIONAL Limits – Disclose only records related To following date(s) _____ Injury or Illness _____
<b>Release Instructions</b>  (How and When do you want the information?)	<b>Date information is needed:</b> _____ (NOTE: PLEASE ALLOW 7-10 DAYS FOR PROCESSING) <b>Release Method/Format requested: (choose one)</b> <input type="checkbox"/> Paper <input type="checkbox"/> CD/DVD <input type="checkbox"/> View my Record <input type="checkbox"/> Fax (patient care only) <input type="checkbox"/> Verbal  Continuing Care Information released by Nursing Station/Department (verbal and Paper) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Purpose of Release</b> (Why is it needed?)	<input type="checkbox"/> Continuing care <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Social security appeal <input type="checkbox"/> Insurance application * <input type="checkbox"/> Personal use or review * <input type="checkbox"/> Social security disability determination * <input type="checkbox"/> Insurance payment/claim <input type="checkbox"/> Litigation/legal * <input type="checkbox"/> Other* _____ <b>*Fees may be charged in accordance with K S Statue 65-4971(b) and Federal Rule 45 C.F.R. §164.524</b>

- This authorization lasts for one year after the date you sign it unless you enter a different date or expiration here: \_\_\_\_\_
- This authorization may be canceled in writing at any time. A cancellation will not change releases that happen before the cancellation.
  - KDH will not restrict my treatment if I choose not to sign this authorization.
  - A photocopy/fax of this authorization will be treated in the same way as an original.
  - KDH records may include records that it received from other organizations. If these records have been used by KDH and filed in the record KDH maintains about you, these records may be released with your KDH records.
  - KDH cannot prevent redisclosure of your information by the person or organization who receives your records under this authorization, and that information may not be covered by state and federal privacy protections after it is released. By signing this authorization, you release KDH from any and all liability resulting from a redisclosure by the recipient.
  - Your signature indicates that you have read and understand this form, and authorize release of your information as described above.

Patient/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Name of Person Signing (if not patient) \_\_\_\_\_

**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-528-6692

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-528-6692

**Chinese:**

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 1-888-528-6692。

**German:**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-528-6692.

**Korean:**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-528-6692번으로 전화해 주십시오.

**Lao:**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-528-6692.

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-888-528-6692)

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-528-6692

**Burmese:**

သတိပြုရန် - အကယုၣ် သဠုၣ် ဝုမ္မာၣ်ကား ကို ဝေပုၣ်လပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံပေး စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-888-528-6692 သို့မဟုတ် ဝေခင့်ဆိုင်ပါ။

**French:**

ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-888-528-6692

**Japanese:**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-528-6692まで、お電話にてご連絡ください。

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-528-6692

**Hmong:**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-528-6692

**Persian:**

تماس بگیرید. 1-888-528-6692 توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با

**Swahili:**

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-888-528-6692