M3132 Rev. 3/9/20



AUTHORIZATION FOR RELEASE OF INFORMATION



Place Patient Label Here

PART A: PATIENT INFORMATION						
Patient Name: P			Phone:		Email:	
Address:						
Date of Birth:		SS# (las	st 4 digits):	M	/ledical Record #:	
PART B: PERSON OR COMPANY WHO WILL RECEIVE INFORMATION						
☐ Self (same info as above)						
☐ Person or Entity:		Phone:_	Phone:Em			
Address: Fax:						
PART C: INFORMATION TO BE RELEASED (check all that apply)						
Records or Information:						
☐ Abstract/Summary (Discharge Summary,	☐ Discharge ☐ History a		Radiology Reports Radiology Images	_	☐ Clinic Visit (Specify Provider/Clinic)	☐ Entire Record
Operative/Procedure	☐ Consultat	ion Report 🛛	Physical/Occupation	nal Therapy	- I lovider / Gilmer	
Notes, Pathology, Laboratory, ED Notes,	☐ Operative☐ Laborator		Immunization Recor Emergency Departm	☐ Other (please specify)	□ Billing Records	
Clinic Visits, Consults)	☐ Pathology					
Treatment Location:						
☐ All Duke Health ☐ Duke University Hospital ☐ Duke Regional Hospital						
Enterprise Entities		Duke Raleigh H			(specify provider / loca	tion)
Treatment Date(s):						-
Fromtototototo						
PART D: PURPOSE OF REQUEST						
\square Personal \square Legal \square Insurance \square Continuation of Care \square Other (specify):						
PART E: FORMAT AND DELIVERY OF INFORMATION						
Format (select only one)						
rormat (select only one)					Delivery Method (sele	
☐ MyChart ☐ Encrypted E		□ Paper		nunication	☐ Electronic (MyChart,	
			Other	nunication		encrypted email)
☐ MyChart ☐ Encrypted E ☐ CD ☐ Thumb drive PART F: REVIEW AND A	e (flash drive	e) 🗆 Fax	Other □ Oral Comm		☐ Electronic (MyChart,☐ Mail☐ In-Person Pick up(Na	encrypted email)
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