



Release of Information

Pt Name: \_\_\_\_\_
Pt Address: \_\_\_\_\_
DOB: \_\_\_\_\_
Patient #: \_\_\_\_\_
SSN#: \_\_\_\_\_

This form is also available as an online form at: https://www.chcbh.com/roi

RELEASE INFORMATION FROM:

PROVIDER/FACILITY/NAME:
ADDRESS:
CITY /STATE/ZIP:
PHONE/FAX:

RELEASE INFORMATION TO:

PROVIDER/FACILITY/NAME:
ADDRESS:
CITY /STATE/ZIP:
PHONE/FAX:

INFORMATION TO BE RELEASED:

MEDICAL
Clinic Notes
Lab Reports
X-ray Reports
X-ray Images - CD only
Family Planning
Immunization Record
Entire Medical Record
Other:

BEHAVIORAL HEALTH
Clinic Notes
Diagnosis list
Psychiatric Evaluation
Psychotherapy Notes
Discharge/Transfer Summary
Entire Behavioral Health Record

DENTAL
Progress Notes
X-ray Images - Email only
Treatment Plan
Entire Dental Record

I am requesting a Certified Medical Record.

FOR THE PURPOSE OF: Personal Insurance Continuing Care Legal

DATES OF SERVICE:

If no dates specified only 2 years of records will be released

I understand the information to be released may include records related to behavior and/or mental health care, alcohol and drug abuse treatment, and HIV/AIDS.

This authorization may be revoked at any time except to the extent that Community Health Center of the Black Hills clinics has previously taken in reliance on it. Revocation must be made in writing to: Community Health Center of the Black Hills, Attn: Medical Records Department, 350 Pine Street, Rapid City, SD 57701.

The provider/facility will not condition treatment on whether I sign the authorization. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law.

This consent will terminate in one year or on (Specific date less than one year):

Signature of Patient or Legal Representative

Date

Printed Name

Relationship to patient if signed by Legal Representative.

Records Delivery Options

\* Denotes only option for Certified Medical Record

- Faxed
\*Mailed
\*Pick Up
Email:

Only option available for Medical X-ray images:

- CD - only available for pick up at clinic

For Office Use Only:

Received By:
Behavioral Health approval:
Release Completed by:
Date Completed:
ID Presented at pick up:

ROI Version updated: January 2023