

Authorization for the Disclosure of Medical Records

Health Information Services
1 General Street
Lawrence, MA 01842-0389

Phone: 978-683-4000 Ext. 2046
Fax: 978-557-9948
Email: info@merrimackhealth.org

Medical Record #

Patient Name: Date of Birth:

Address: Street City State Zip Code

Telephone #: Email:

Lawrence Hospital has my permission and authorization to release to, discuss with, and/or receive from the person/organization named below the following information about the above-named patient:

Information to be Released:

- Entire Medical Record
Medical Record Abstract - History & Physical, Operative Report, Consults, Test Reports, or Discharge Summary:
Pathology (please specify what materials):
Other - Specify information to be released:

Purpose of the Release:

Information to be released to:

Person/Organization: Attention of:

Address: Street City State Zip Code

Telephone #: Email:

Fax:

I hereby authorize Lawrence Hospital to release and collect information as requested above. This may include information about drug or alcohol use, psychiatric, social work, or other protected information unless otherwise excluded. I am aware that Lawrence Hospital cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at Lawrence Hospital may or may not protect this information once it has been disclosed to the recipient. Information will not be released without a valid signature below.

This authorization will end (enter date or event):

I acknowledge that I can cancel this authorization in writing at any time, except to the extent that Lawrence Hospital has relied upon it. For example, if I cancel it after Lawrence Hospital has sent requested records, Lawrence Hospital will not retrieve those records. Instructions for canceling this authorization are included in the Notice of Privacy Practices. I understand that Lawrence Hospital will continue to provide care, even if I do not authorize this release.

Signature of Patient or Legal Representative

Date

Printed Name of Patient or Patient's Representative

Relationship to Patient