

UR Medicine
Health Information Management (HIM) Department
601 Elmwood Avenue, Box 616 • Rochester, NY 14642-8616
Phone: (585) 275-2605 • Fax: (585) 273-1257 or (585) 424-2922

SH 48 AUTHORIZATION FOR RELEASE / DISCLOSURE OF MEDICAL AND/OR BEHAVIORAL HEALTH INFORMATION

name (print): _____ Date of Birth: _____

Address: _____

City, State & Zip Code: _____

phone (____) _____

This Authorization allows UR Medicine to (check all that apply):

- SEND** copies of your record to (or discuss your information with) the provider/person/facility below
 RECEIVE copies of your record to (or discuss your information with) the provider/person/facility below

Name of Provider/Person/Facility: _____

Address: _____

City, State & Zip Code: _____

Phone #: (____) _____ Fax #: (____) _____

Purpose for this request: Health care or appointment on DATE: _____ Insurance Other

Type of records or information requested (check all that apply):

- Mental Health Treatment Records Alcohol/Drug Treatment Records
 FF Thompson Hospital Highland Hospital Jones Memorial Hospital Nicholas Noyes Hospital
 St. James Hospital Strong Memorial Hospital

Release/disclosure of HIV-related information requires additional authorization on form NYS DOH2554 or OCA 960

- Inpatient Admission(s)/date(s) check ONE of the following three choices if requesting inpatient records:
 Treatment Summary (includes discharge summary, history/physical, laboratory tests, x-ray reports, operative reports, pathology)
 Specific information or reports (describe): _____
 Other (describe): _____

Outpatient/Office visits: DATE(S): _____ and/or specific illness/injury: _____

Check type of outpatient visit to be released:

- Clinic/doctor/dental visit Ambulatory surgery visit Emergency Dept. record Radiology report(s)
 Laboratory test results Immunizations Physical/occupational therapy record(s)
 Other (describe): _____

AUTHORIZATION VALID FOR: (if no selection is made, this authorization is valid for this request only)

- This request only
 One year from the date of this authorization OR (insert date): _____ this authorization applies to the records