

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION.

1. **Please fill in your complete, legal name and date of birth.**
2. **Release patient information to:** Please include the name, address, fax and phone for yourself or the third party to whom you would like your records sent.
3. **PATIENT INFORMATION to be released:** Please give as much information about when (approximate dates) you were in the hospital or had services performed.
4. **Type of Information:** Please specify what type of service you had at CMC. Were you seen in the ED only? Did you have an Endoscopy? Did you stay for 4 days?
5. **Sensitive Information:** If Pertinent, please initial each option if it applies to the information you are requesting. This information cannot be release without your explicit consent.
6. **Purpose:** Please let us know the purpose of your request. Do you need the information for your new doctor? Were you involved in an accident and are suing another party? Please be specific, it will help us determine what information is needed for each type of request.
7. **Signature:** The authorization must be signed by the patient.
 - a. If the patient is unable to sign and they have been declared unable to make their own healthcare decisions by a physician, the person designated by the patient's Durable Power of Attorney for Healthcare (DPOAH) can sign the authorization. ***Please note: this is different from a Power Of Attorney that allows a designee to make financial decisions for them such as banking and bill paying.*** The DPOAH must include a copy of the note from the patient's physician activating the DPOAH and a copy of the DPOAH document.
 - b. If the patient is deceased, only the Executor of the Estate as appointed by the Probate Court can act on behalf of the deceased. Therefore the Executor can sign the authorization but must include a copy of the Exectutorship order signed by the Probate judge. Executorships can be obtained at no charge from the County Probate court in the county where the patient resided.
8. **Submission:** Please send all requests to:

Health Information Services
Catholic Medical Center
100 McGregor Street
Manchester, NH 03102
Fax: 603-663-6531
9. **Delivery:** Please allow 3-4 weeks. As always, patient care is a priority, therefore other requests are batched and completed as soon as possible.

