

RELEASE OF INFORMATION CONSENT FORM

Release to: _____

Address: _____ City/State/Zip: _____

Reason for Release: _____

_____ I hereby authorize Monroe Surgical Hospital to furnish the above-named individual or company with all
Initial medical data they may request, as listed below, concerning my illness or injury.

_____ This consent is subject to revocation by the undersigned at any time except to the extent that action
Initial has been taken in reliance hereon, and if not earlier revoked it shall terminate six months from the
date of consent without express revocation.

_____ I hereby consent to the release of any and all records containing alcohol and/or drug abuse and/or
Initial psychiatric diagnosis under the same consideration as outlined above. I understand that such
information cannot be released without my specific consent, except in accordance with a court order.

_____ I understand that if I wish to revoke this authorization, I must make this request in writing. I may do
Initial this by letter to HIM Dept, Monroe Surgical Hospital, 2408 Broadmoor Boulevard, Monroe, LA 71201.

_____ I further understand that I have a right to receive a copy of this authorization upon request.
Initial Copy Requested: [] Yes [] No Copy Received: [] Yes [] No

Identifying Information:

Patient's Name at Time of Hospitalization: _____ (Please Print)

Attending Physician: _____

Date of Birth: _____ Date of Treatment: _____

Information Requested:

- [] Discharge Summary [] History and Physical [] Operative Report [] X-ray
[] Consultation [] Laboratory [] EKG, EEG [] Other: _____

Day or Event on which this authorization will expire: _____

If not addressed I understand this authorization will expire 6 months from the date of authorization.

Signed:

Patient, Parent or Legal Guardian: _____ Date: _____

If other than patient, relationship to patient: _____

Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by
this law.

Driver's license reviewed: _____ (employee initials) Records released: _____ (Date)

DL# _____ Employee Initials: _____