BETSY JOHNSON REGIONAL HOSPITAL
800 Tilghman Drive
Dunn, North Carolina 28334
Telephone number 910-892-7161

AUTHORIZATION FOR RELEASE OF INFORMATION FROM BETSY JOHNSON REGIONAL HOSPITAL

Patient Name _____ DOB___-___-___
Last First MI/Maiden Name
Treatment Dates_____ M #: _____ ID #: _____

I hereby consent to and authorize Betsy Johnson Regional Hospital to **RELEASE TO**:

_____
Name of Facility/Individual to RECEIVE Information

_____
Address

_____

Information concerning the history, treatment, examination and/or hospitalization of the above patient. I understand that the specific type of information to be released includes:

☐ Discharge Summary ☐ History and Physical ☐ Labs, X-Rays, EKGs
☐ Operative/Procedure ☐ Emergency Department Record ☐ Consultation Reports
☐ Itemized Bills ☐ Other (Specify): _____

And that information is needed for_____

I DO _____ DO NOT _____ (PLEASE INITIAL) authorize the release of portions of the record relating to substance abuse, psychological/psychiatric conditions and/or communicable disease, including Acquired Immunodeficiency Syndrome (AIDS), or tests for infection with Human Immunodeficiency Virus (HIV), if present.

I understand that this consent is revocable except to the extent that action has already been taken. **This consent will automatically expire 90 days from date of signature, unless another date is specified below (*).** NOTE: UNLESS OTHERWISE PERMITTED BY LAW, FURTHER RELEASE OF THIS INFORMATION IS PROHIBITED WITHOUT MY PRIOR WRITTEN CONSENT.

_____ _____
Signature of Patient or Legal Representative Date

_____
State Relationship to Patient

_____ _____
Signature of Witness **Date**

***Authorization not valid beyond** _____
(Date cannot exceed one year from date of signature)

Mail ☐ Pick-Up ☐ Faxed ☐ PHONE NUMBER/CONTACT for Questions: _____

County of _____ State of _____

Notary Signature: _____ My Commission Expires: _____
(Seal)

****AUTHORIZATIONS NOT SIGNED IN OUR MEDICAL RECORDS DEPARTMENT MUST BE NOTARIZED****

****WE WILL ONLY ACCEPT ORIGINAL (WET INK) AUTHORIZATIONS -- COPIES WILL NOT BE ACCEPTED****