

## **Instructions for completion of Authorization:**

Please complete the following steps:

- Section 1: Patient Identification – complete all areas
- Section 2: Provider: Check SMCH (hospital records) and/or McCrary-Rost Clinic (clinic records) or Behavioral Health; or if the purpose is to obtain records from an outside entity, check “other” and list who you are requesting records from.
- Section 3: Recipient – complete all blanks
- Section 4: Purpose: Please specify reason for records release
- Section 5: Select format
- Section 6: Information: Specify what is to be released
- Section 7: Specific authorization for release of protected Health Information:  
Check areas to be released and sign at X. Depending on what is checked we may be unable to fulfill this authorization. Initialing all areas will insure your complete record is released.

## **Sign and date**

\*If patient is under the age of 18, release must be signed by parent or legal guardian.

## **Options to return release:**

- \*Fax: 712-464-1108
- \*Drop off at any of our clinic locations
- \*Mail: Stewart Memorial Comm. Hospital  
Attn: Health Information Mgmt  
1301 W. Main  
Lake City, IA 51449

**If you have any questions regarding completing this authorization, please call 712-464-3171, ext. 6465.**

**Note:** Records are faxed at a discretion of HIM staff based on nature of record, volume and urgency of record being faxed.

If records are needed for an upcoming appointment, please note the date of the appointment on the release.