



Authorization to Release Protected Health Information

7300 E. Indiana St. Suite 103
Evansville, Indiana 47715
Phone: (812) 401-8008
Fax: (812) 401-8201

Patient Name: _____ Date of Birth: _____

Midwest Behavioral Health is to:

- send records to the following:
- request records from the following:
- scan/keep on file for communication from the following:

Name of Individual/Facility: _____

Address: _____

Phone: _____ Fax: _____

Release records for the following dates of service: **All** or **ONLY** for dates specified From: _____ To _____

Information Requested (please check all that apply): **Entire Patient Record** or **Verbal Communication**

- Office Notes Medications Records from other Physicians and Facilities School Records
- Mental Health or Substance Abuse Treatment Testing Results Billing Statements
- Other: _____

This request will be valid for one year from the date signed unless I indicate an earlier date or event here _____

We will process your request as quickly as possible however **PLEASE ALLOW UP TO 30 DAYS**

Charges will be applied according to Indiana state statute.

A \$10 rush fee will be applied if records are requested to be sent within 2 business days.

- By my signature below I understand: This authorization may be revoked at any time by submitting written notification to Midwest Behavioral Health. However, the notification will be invalid when a disclosure has already been made based on prior authorization.
- Midwest Behavioral Health places no condition to sign this authorization on the delivery of healthcare or treatment.
- Midwest Behavioral Health reserves the right to charge for the reproduction of Medical Records in accordance with state law code 760 IAC 1-71-3.

THIS IS A LEGAL DOCUMENT. Please read and complete carefully. By your signature below that you agree that you understand & agree to the terms.

Signature (required) _____ Date Signed (required) _____

Printed Name of Person Signing this ROI: _____

Patient Mailing Address: _____

Patient Telephone: _____ Patient Email: _____

MIDWEST BEHAVIORAL HEALTH USE ONLY

Received and Reviewed By: _____ Date: _____

Release was Processed By: _____ Date: _____