



AUTHORIZATION FOR RELEASE OF INFORMATION

To: _____

I hereby authorize the release of all applicable medical information, including without limitation, copies of all records and test results produced to the designated attending, referral and/or follow-up physicians and such, other health care practitioners, or organizations who/which will be providing subsequent monitoring, care or treatment in connection with care provided by any facility of Mercy Medical Group.

I hereby request and authorize you to release:

- All records
- Dates: _____ to _____
- Office notes, labs and images

I acknowledge that the medical records being released here under may contain confidential and protected information relating to HIV status, chemical dependency, or mental health treatments. I understand that these records may be otherwise protected under Federal confidentiality rules and hereby consent to their release.

Information may be released to the following:

Mercy Clinic Kids GI
615 S. New Ballas Rd., Ste. YG 230
St. Louis, MO 63141
Phone: 314-251-6831
Fax: 314-251-5430

Patient Name (please print)

Date of birth

Signature of patient/legal representative

Relationship to patient

Specification of the date, event or condition upon which this consent expires: _____

Notice: This consent is subject to revocation at any time except to the extent that the disclosing party has already taken action in reliance on it. In any event, this consent shall expire 90 days from the date of execution if not otherwise specified above. Information relating to HIV status, chemical dependency and/or mental health, disclosed to the aforementioned, if any, is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit further disclosure of this information unless, further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical records is NOT sufficient for this purpose. The Federal rules prohibit any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.