



Authorization for Release of Protected Health Information

601 Colliers Way, Weirton, WV 26062 • Phone 304-797-6124 • Fax 304-797-6129

I hereby authorize Weirton Medical Center to release information from the record of:

Patient Name _____ Date of Birth _____ Social Security Number _____

As described below to: _____
Facility/Person to receive records _____ Telephone _____

Street Address _____ City/State _____ Zip _____

- Records are requested for the purpose of:
Continuing Treatment
Personal Use
Other:
Legal Purposes
Insurance

Type of records to be released and dates of service (check all that apply):

- Inpatient
Same Day Surgery
Outpatient Testing
Emergency Visit

Specific information to be released (check all that apply):

- Abstract Record*
Cardiac Testing
Consultations
Discharge Summary
Emergency Room Reports
History & Physical
Lab/Pathology Results
Medication Records
PT/OT/Speech
Progress notes
Radiology Report
Radiology Images
Operative Report
Other (specify)

By signing this authorization form, I understand that:

- *HIV/Mental Health/Drug & Alcohol information contained in parts of the records indicated above will be released unless otherwise noted:
*DO NOT RELEASE
*I have the right to revoke this authorization at any time by sending a written request to the Health Information Management Department at 601 Colliers Way, Weirton, WV 26062. Revocation does not apply to information that has already been disclosed in response to this authorization.
*Unless otherwise revoked, this authorization expires 90 days from the date of signature.
*Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether I sign this authorization.
*Any disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Patient or Authorized Representative _____ Date _____ Print Name & Relationship to Patient _____

Released By _____ MRN _____ Account # _____
Date Released/Responded _____
Page Count _____

*Contains all dictated reports, cardiology testing results, laboratory results, and radiology results for the purpose of continuity of care.