



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, Legal Purposes, Personal Use, Insurance, Other:

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

- Inpatient, Outpatient Testing, Same Day Surgery, 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, HIV, Mental Health, Drug & Alcohol
*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 redisclosure and the information may not be protected by federal confidentiality rules.

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

Released By MRN Account # Date Released/Responded Page Count

CR0010- sCorrespondence Authorization for Release of PHI

Reviewed 06/2016; Rev 09/2016, 02/2017, 06/2018, 4/2019, 6/2020, 3/2021

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