INSTRUCTIONS ON HOW TO COMPLETE AN AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

All fields on the Authorization to Release Protected Health Information form must be completed for your request to be processed.

1. **Upper right hand corner:** Print patient’s name, date of birth and contact phone number.

2. **I hereby authorize:** Indicate the facility from which you would like the records released.  
   **Example:** Pen Bay Medical Center or Waldo County General Hospital

3. **Send to (Name and Address):** Enter the name and address of whom you would like the records sent. The full address and the name of the person and/or facility is required. If available, provide the name of the person who is to receive the records.
   
   ***Important*** Even though some records may be faxed to physicians offices and hospitals we still need the address on the form for verification purposes. Also, if records are requested to be picked up, an address is still required to process.

4. **Date(s) of Service:** Enter the date range that you had treatment that you want records copied.

5. **Specific information to be released:** Please check all that apply.

6. **Section regarding Mental Health, Alcohol or Drug Abuse, and HIV results:** Complete only if the records being requested contain this information and you do not want this information to be released as part of this specific request.

7. **Purpose of the release:** Enter the reason you are requesting the records be released.  
   **Example:** Personal, legal, insurance etc.

8. **Sign and Date.**

Note: If you are requesting records to go to multiple places and/or person, an Authorization to Release Protected Health Information must be completed for each place/person the records are to be sent.

Send completed for:

**Mail:** Health Information Management
- Pen Bay Medical Center
- 6 Glen Cove Drive
- Rockport, ME 04856
- Fax (207)-921-5294

**Health Information Management**
- Waldo County General Hospital
- PO Box 287
- Belfast, ME 04915
- 207-338-9383