



AUTHORIZATION TO DISCLOSE OR RELEASE PROTECTED HEALTH INFORMATION

PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

Facility Information:

West Jefferson Medical Center / Clinics Attention: Release of Information Medical Center 1 d Marrero	one er	
	a er	
	E mail address	WJMedical records c c ealt or

Instructions for Releasing of Medical Records:

1. Do not release information to anyone other than the patient (or authorized representative).
2. Do not release information to anyone other than the patient or authorized representative with appropriate identification.
3. Do not release information to anyone other than the patient or authorized representative.
4. Do not release information to anyone other than the patient or authorized representative.
5. Do not release information to anyone other than the patient or authorized representative.

Important Information about Authorization:

The authorization will terminate on the date indicated on the Authorization or when revoked in writing by the patient.

A separate signed authorization is required for the use and disclosure of health information for:

- Psychotherapy Notes
- Employment-related determinations by an employer
- Research purposes unrelated to your treatment
- Substance Use (Alcohol and Drug Use)

Due to the volume of requests, LCMC Health contracts with a 3rd party vendor to assist with Medical Record Requests. MRO Corporation

- Service Charge:
 - Paper .10¢ per page plus tax and postage
 - Electronic .10¢ per page
- Electronic Delivery or CD:
 - Flat fee of \$6.50

