



Hello,

Please fill out the attached release of information form and sign/date/time the bottom.

Release of Information Authorization:

Section 1: Fill out with the patient's information, including previous names.

Section 2: Please check box which Rogers' facility you are wanting records released from

Section 3: Please mark if you would like the information Released To and/or Obtained From Rogers. Fill out the facility or provider in which you would like us to be able to communicate with or release records to. If you have more than one provider or multiple facilities you wish to have records released to, please fill out a separate release for each contact.

Section 4: Please check box for the information you are comfortable with us discussing and/or releasing physical copies of.

Section 5: Substance Use Disorder (SUD) and other sensitive information listed in the authorization will be released. If you do **NOT** want this information released, please check mark the appropriate boxes.

Section 6: Indicate what communication/delivery method(s) you are comfortable with us utilizing to collaborate with the outpatient provider/other requester.

Section 7: Please check mark the purpose for the disclosure. For outpatient providers the typical purposes of disclosure are "continuing care", "obtain collateral information", and "verify compliance with treatment".

Section 8: You have the option to leave this blank. Unless this is filled in, the authorization will expire one year from the date of signature.

Section 9: This is an explanation of your rights with respect to this authorization.

Section 10: Please sign, date and time. If you are signing as the patient's Legal Representative, below your signature, please check the appropriate boxes regarding the patient's status and your relationship to them.

Comments: Optional. Can be used to indicate appt date and time with provider(s) or any special requests with the authorization.