

INSTRUCTIONS FOR COMPLETING AN AUTHORIZATION TO VIEW/DISCLOSE
INFORMATION

Obtain the form from the Release of Information Departments or via the Wheaton Franciscan Healthcare website. Please read the entire form to understand your rights. All items must be answered completely in ink.

PATIENT NAME, PHONE, ADDRESS, DATE OF BIRTH, SOCIAL SECURITY NUMBER: Accurately enter the patient's demographic information.

FROM: Indicate the facility you are seeking medical records from.

TO: Enter the Name, Address, City, State, and Zip of where the records are to be mailed. If you would like to pick up medical records, simply write "Call for pick up" in this location.

FOR THE PURPOSE OF: Check the reason for the request. If the reason is not listed, check the "Other" box and write in the reason.

INFORMATION TO BE VIEWED AND/OR DISCLOSED: If you are requesting to view your medical records, simply check the "View Entire Record" box. If you are requesting copies, enter the dates of service you are requesting records from on the first line. In addition, check the documents that you are requesting from this timeframe. If what you are looking for is not listed, check the "Other" box and write in the information.

SENSITIVE INFORMATION: State and federal laws protect records regarding HIV, Substance Abuse, and Mental Health at a higher level. If there is information listed that you do not want released to the person indicated, please check the box. Otherwise, leave blank.

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE: The patient must sign the authorization unless one of the following applies:

- **Patient is Incapacitated:** Statement of Incapacitation signed by two physicians must accompany the authorization which can be signed by the Power of Attorney for Healthcare or spouse. If there is no Power of Attorney for Healthcare or spouse, any member of the immediate family may sign.
- **Patient is Deceased:** The surviving spouse must sign. If there is not a surviving spouse, any member of the immediate family may sign.
- **Patient has a Legal Guardian:** The legal guardian appointed in a court of law must sign.
- **Patient is a Minor:** Access to records of minors have the following guidelines:
 - Either of the parents may sign as long as they were not denied parental rights by a court of law.

- Release of sensitive information varies based on diagnosis and age. In some circumstances, the minor's signature is required for release of records; in others, the parent's signature is required for release of records.
- Other exceptions apply to minor records and are handled on a case-by-case basis.

If the authorization is not signed by the patient, please indicate the relationship to the patient.

*Please note: Spouse, step-parents, foster parents, birth parents of children placed for adoption, personal representatives, and durable power of attorneys are not authorized to sign for copies of records.

DATE: Enter the date you are signing the form.

Fax the completed form to the appropriate number or send my mail to the address listed on the page '[Patient Access to Health Information](#)'.