Instructions for completing the Release of Information (ROI)

Please fill out this form completely. This authorization is not valid unless all portions are complete.

Section 1: Request Records From | Section 2: Release Records To

Please provide the following information in these areas:

1. Name: Name of the provider you are requesting records from/to
2. Facility: Name of the facility you are requesting records from/to
3. Address: Address of the facility you are requesting records from/to
4. Phone No.: Phone of the facility you are requesting records from/to
5. Fax No.: Fax of the facility you are requesting records from/to

- **Reminder**- Only one facility can be listed in these boxes, if requesting records from more than one facility please complete a form for each place.

Definitions:
Provider = Name of the Doctor, Nurse Practitioner, Physicians Asst, Audiologist, etc. you saw

Facility = Name of the entity (such as Monument Health, Mayo Clinic, Black Hills Surgical Hospital)

Section 3: Medical Records of (Patient Information)

Please provide the following information about the patient requesting records in this area:

1. Name
2. Date of Birth
3. Phone Number
4. Address

Section 4: Covering the date(s) of service.

Please provide the time frame of records you are requesting and choose a purpose for releasing the information.

Section 5: Information to be Disclosed.

You must choose one of these provided options. If you would like all documentation pertaining to a certain date set, you should mark "Complete Health Record(s)". Please consider if all documentation is necessary to avoid sharing more information than is necessary.

Section 6: Expiration Date

1. The expiration date will default to 180 days from date of signature unless another date is chosen.
2. Entering a date in the provided line will extend the expiration date to the date entered.

Section 7: If you would like this information to be sent electronically:

1. Please provide an email address.
2. If this section is not completed, the records will be printed and mailed to the address provided in "Release records to" box.

Section 8: Signature

It is imperative the signature is provided.

If someone on the patient's HIPAA, or other supporting documents (such as Power of Attorney), signs the document, this will need to be notated in one of the provided check boxes.