



# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(See back of form for facility locations)

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize  
FULL NAME OF PATIENT

\_\_\_\_\_ to release information specified below from my  
NAME OF HOSPITAL / PHYSICIAN / FACILITY  
medical records covering the dates of service \_\_\_\_\_ to \_\_\_\_\_

The information which is checked (X) below is to be released to:

NAME OF HOSPITAL, PHYSICIAN, SERVICE AGENCY OR THIRD PARTY (Provide fax # if hospital or physician)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Purpose for Release:  Medical  Insurance  Legal  Other \_\_\_\_\_

Check off items being released:

- Discharge Summary
- Discharge Instructions/After Visit Summary
- History & Physical
- Consultation Reports
- Progress Notes
- Pathology Reports
- Laboratory
- Cardiology
- Clinic Visit
- Abstract
- Operative Report
- X-ray Report \_\_\_\_\_
- Radiology films
- ER Record
- Entire Record
- Other \_\_\_\_\_

Method of Delivery:  Paper  Fax # \_\_\_\_\_  Email \_\_\_\_\_

The patient's express authorization is required to release certain types of records, including alcohol and/or drug abuse treatment and information, HIV testing and treatment, psychiatric treatment, and genetic testing (defined in the Genetic Information Non-Discrimination Act of 2008 - GINA, section 201 7 A and B). To authorize release of this information, please read and sign the following:

I, \_\_\_\_\_, authorize the release of **alcohol and/or drug abuse** treatment and information.  
(Patient's Signature)

I, \_\_\_\_\_, authorize the release of **HIV test results** and/or HIV treatment information.  
(Patient's Signature)

I, \_\_\_\_\_, authorize the release of **psychiatric** information.  
(Patient's Signature)

I, \_\_\_\_\_, authorize the release of **genetic testing** information.  
(Patient's Signature)

In authorizing the release of the confidential information identified above, I hereby waive all restrictions or privileges imposed by law and release Ochsner Health System and its affiliates and their staff from any restriction or privilege imposed by law in connection with the disclosure or release of any professional record, observation or communication. I do understand that the information that is being released may be subject to re-disclosure by the recipient and may no longer be protected. I understand that my treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.

This authorization may be revoked in writing at any time, except to the extent that Ochsner Health System and its affiliates have already taken action in reliance on it. Letters to revoke this authorization should be addressed to Ochsner Medical Center, Release of Information Department, 1201 Dickory Avenue, Harahan, LA 70123.

If not previously revoked in writing, this authorization will terminate or expire upon (state the specific date, event, or condition):

**If expiration date is left blank, authorization will expire within one year.**

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE OF WITNESS (if patient is unable to sign) \_\_\_\_\_ RELATIONSHIP TO PATIENT OR CREDENTIALS \_\_\_\_\_ DATE SIGNED \_\_\_\_\_



## FACILITY LOCATIONS

**Ochsner Medical Center  
Ochsner Health Centers**  
1514 Jefferson Highway  
New Orleans, LA 70121  
Phone: (504) 842-2832  
Fax: (504) 842-4047

**Ochsner Baptist  
Medical Center  
Ochsner Health Centers**  
2700 Napoleon Avenue  
New Orleans, LA 70115  
Phone: (504) 894-2173  
Fax: (504) 894-2460

**Ochsner Medical Center  
Baton Rouge  
Ochsner Health Centers**  
17000 Medical Center Drive  
Baton Rouge, LA 70816  
Phone: (225) 236-5917  
Fax: (225) 236-5469  
or (225) 761-5939

**Ochsner Kenner  
Medical Center  
Ochsner Health Centers**  
180 West Esplanade Avenue  
Kenner, LA 70065  
Phone: (504) 464-8066  
Fax: (504) 464-8093

**Ochsner Medical Center  
North Shore  
Ochsner Health Centers**  
100 Medical Center Drive  
Slidell, LA 70461  
Phone: (985) 646-5009  
Fax: (985) 646-5606

**Ochsner Medical Complex  
River Parishes**  
502 Rue de Sante  
Laplace, Louisiana 70068  
*Request for medical records for visits  
ON or AFTER Nov. 1, 2014 contact:  
Ochsner Kenner Medical Center*

**Ochsner St. Anne General  
Ochsner Health Centers**  
4608 Hwy One  
Raceland, LA 70394  
Phone: (985) 537-8364  
Fax: (985) 537-8296

**Ochsner Westbank  
Medical Center  
Ochsner Health Centers**  
2500 Belle Chasse Highway  
Gretna, LA 70056  
Phone: (504) 207-2525  
Fax: (504) 391-5115