



## Instructions for completing Authorization for Release of Health Information

**Patient Information:** Complete the entire section which identifies clearly the demographic information specific to the patient (individual who information is being requested for).

**Release Information From:** Identify which CentraCare Health hospital, clinic, or provider you are seeking information from. Please be specific in your request. Please see [www.centracare.com](http://www.centracare.com) for a listing of all CentraCare hospital and clinic locations.

**Release Information To:** Identify the full name of individual, business, hospital, clinic, or provider you want to receive your records. Be sure to include their address, phone number and fax number if applicable.

**Information to Be Released:** This section gives us the instructions for what information you want released. It is very helpful to identify the date or range of dates needed. If you do not have dates noted, only your last hospital encounter or clinic visit at the specific CentraCare Health location you indicated will be released. Only the specific information checked will be released.

**Special Disclosure:** This section is required per Federal Rule 42 CFR Part 2 to be completed in full to allow CentraCare Health to release Substance Use Disorder records. Even if you have indicated dates in the Information to be Released section, the dates of Substance Use Disorder records to be released is required in this section.

**Preferred Method:** This tells us how you would like your information provided. We can print the records, burn them to a CD, send them via encrypted email, or release them to your MyChart portal. Note: If your original records are on paper, we are only able to provide them on paper.

**Reason for Release:** Please identify the reason you need a copy of your records sent. This helps us track and assign a priority status to your request. It also allows us to determine who may be responsible for the cost of records (where applicable).

**Authorization:** The patient or the Patient's personal representative must sign and date this form. Please also indicate your relationship to the patient and the reason they are unable to sign.

**Revocation:** This authorization will automatically expire 1 year after your signature unless you indicate another date or event upon which the authorization should expire OR you provide a written revocation to our organization.

Completed and signed forms can be sent to

[CCHROI@CentraCare.com](mailto:CCHROI@CentraCare.com)

or

Fax/Mail to the sites listed on the following page

Please include the specific Hospital/clinic/provider on your request and submit completed forms by mail, fax, or email to the HIM department based on the info and locations below.

### Central locations

#### CentraCare

Attn: HIM ROI Central Locations  
1900 CentraCare Circle  
St. Cloud, MN 56303

**FAX:** 320-255-5739 | **Phone:** 320-255-5624 | **Email:** CCHROI@CentraCare.com

<i>St. Cloud Hospital (SCH)</i> <i>SCH Addiction Services</i> <i>Clara's House</i> <i>Wound Center St Cloud or</i> <i>Monticello</i> <i>Home Health &amp; Hospice</i> <i>Waite Park</i>	<i>Plaza Clinics</i> <i>Behavioral Health Clinics</i> <i>Occupational Health</i> <i>Child Advocacy Center</i> <i>Southway Clinic</i> <i>Sartell Clinic</i> <i>Clearwater Clinic</i> <i>Cold Spring Clinic</i> <i>Monticello Hospital/Clinic</i>	<i>River Campus Clinics</i> <i>Albany Clinic</i> <i>Baxter Clinic</i> <i>Becker Clinic</i> <i>Big Lake Clinic</i> <i>Coordinated Care Clinic</i> <i>Eye Clinic</i> <i>Urology Clinic</i> <i>Heart &amp; Vascular</i>	<i>Jail Medicine</i> <i>Midsota Plastic Surgery</i> <i>Quick Clinics</i> <i>St. John's Clinic</i> <i>St. Joseph Clinic</i> <i>Sleep Center</i> <i>Northway Clinic (Suite 100)</i> <i>Family Health Clinic (Suite 200)</i>
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### Northwest locations

#### CentraCare

Attn: HIM ROI Northwest Locations  
425 Elm Street N  
Sauk Centre, MN 56378

**FAX:** 320-255-5739 | **Phone:** 320-351-1826 | **Email:** CCHROI@CentraCare.com

<i>Sauk Centre Clinics &amp; Hospital</i> <i>Paynesville Clinics &amp; Hospital</i> <i>Belgrade Clinic</i> <i>Eden Valley Clinic</i>	<i>Richmond Clinic</i> <i>Long Prairie Clinics &amp; Hospital</i> <i>Eagle Valley Clinic</i> <i>Melrose Clinics &amp; Hospital</i>
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### Willmar/Redwood locations

#### CentraCare

Attn: HIM ROI Willmar/Redwood Locations  
301 Becker Ave SW  
Willmar, MN 56201

**FAX:** 320-255-5739 | **Phone:** 320-231-4833 | **Email:** CCHROI@CentraCare.com

<i>Rice Memorial Hospital (RMH)</i> <i>RMH Addiction Services</i> <i>Willmar Main Clinic</i> <i>Willmar Surgery Center</i>	<i>Willmar Skylark Clinic</i> <i>New London Clinic</i> <i>Willmar Lakeland Clinic</i>	<i>Redwood Hospital</i> <i>Redwood Clinic</i> <i>Home Health &amp; Hospice</i> <i>Redwood</i>	<i>Benson Clinic</i> <i>Benson Hospital</i> <i>Big Stone Therapy</i>
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