



## ***Guidelines for completing your Authorization for Releasing of Information***

Northern Pines Mental Health Center, Inc. (NPMHC) recognizes the importance of patient confidentiality as well as the importance of coordinating care and treatment with other professionals, family, friends, and others involved in your care. Please review all items on this form and contact NPMHC with any questions concerning this form at the below listed offices or website.

**Patient Information:** Complete this entire section with clear and legible writing so the information identifies the patient whose information is being requested/released.

**Agency/Name:** Indicate clearly and legibly where or whom you wish to send/receive information from. **Be as Specific as you can. Also,** please check by either: (1) Obtain from, (2) Release to, (3) Exchange with. If you choose only to obtain information your NPMHC provider **CANNOT** share any information; if you choose Release to your NPMHC provider can only share information; if you choose both to Obtain **AND** Receive they may share and receive information from the agency/name listed on the form.

**Purpose of Release:** Identify the reason you need to release/request information. This helps NPMHC appropriately provide care and track releasing of confidential information. It informs us who may be responsible for the cost of medical records being released and is required on each release. *\*Fees may be charged in accordance with MN statute 144.292 and Federal Rule 45 C.F.R. §164.524 (when applicable)*

**What do you want us to Obtain/Release:** The purpose of this section is to have us share the information you want us to. **“Any and all medical records”** NPMHC will release/obtain **Any and ALL** medical records across **ALL programs/services** at NPMHC. Select **Record dates** between \_\_\_ to \_\_, NPMHC will only send the records in the date range you indicate. Select **Verbal** if you want to release or obtain information verbally with the listed releasing/obtaining party. Select **All Types of Written Communication** if you want to release or obtain all types of written communication with the listed releasing/obtaining party.

**Authorization and Revocation:** Signing this form (or having the legal guardian sign for the client) will grant authorization to share/receive confidential information. Please sign **and** date this form to validate this authorization. If signed by someone other than the patient the patient, you will be required to provide written proof of your authority; This consent will automatically **expire in one year from the date signed**. The authorization **can be revoked or can be edited** at any time at your written request to our Privacy Officer within our organization.

### **Helpful Tips:**

- You may only enter one entity, clinic, or individual per Release of Information form.
- IF requesting records, please allow **7-10 business days** for processing of the Release of Information. In some cases it can take up to 30 days (45 CFR §164.524(b)(2)(i)).

**For questions or concerns regarding this form please contact Health Information Department/Medical Records/ Privacy Officer at 218-454-3824 or by fax at 218-249-1506 or one of the locations listed below:**

LITTLE FALLS OFFICE-P.O. Box 367, Little Falls, MN 56345	(320) 632-6647	FAX: (320) 632-9525
BRAINERD OFFICE-520 5 <sup>th</sup> Street NW, Brainerd, MN 56401	(218) 829-3235	FAX: (218) 829-1368
LONG PRAIRIE OFFICE-16 Ninth Street SE, Long Prairie, MN 56347	(320) 732-6602	FAX: (320) 732-6581
STAPLES OFFICE-200 4 <sup>th</sup> Street NE, Staples, MN 56479	(218) 894-1002	FAX: (218) 894-0131
WADENA OFFICE-11 2 <sup>nd</sup> Street SW, Suite 1 Wadena, MN 56482	(218) 631-1714	FAX: (218) 631-4228
AITKIN OFFICE-#13 3 <sup>rd</sup> Street NE, Aitkin, MN 56431	(218)928-8003	FAX: (218) 928-8006
PINE RIVER OFFICE-245 Barclay Avenue Pine River, MN 56474	(218) 587-3271	FAX: (218) 587-3272
MAPLE STREET OFFICE-823 Maple Street, Brainerd, MN 56401	(218) 454-4066	FAX: (218) 454-1024
ARMHS OFFICE-212 2 <sup>nd</sup> Street SE, Little Falls, MN 56345	(320) 639-2021	FAX: (320) 639-0014
OUR PLACE PEER CENTER-323 So.9 <sup>th</sup> Street, Brainerd, MN 56401	(218) 828-4877	FAX: (218) 825-0320
ACT OFFICE-606 Front Street, Brainerd, MN 56401	(218) 316-3800	FAX: (218) 316-3819
MCO OFFICE-823 Maple Street, Brainerd, MN 56401	(218) 454-7205	FAX: (218) 454-3831
SAFE HARBOR-201 W. Laurel Street, Brainerd, MN 56401	(218) 454-3844	FAX: (218) 454-3848