INSTRUCTIONS FOR -
AUTHORIZATION TO RELEASE AND DISCLOSE
PROTECTED HEALTH INFORMATION (PHI) FORM

MaineHealth

All fields on the Authorization to Release and Disclose Protected Health Information (PHI) form must be completed for your request to be processed.

1. **Patient Information:**
   - Print patient's name, address, date of birth, & contact phone number (Email is optional).

2. **Release Information From (who has the information being requested):**
   - Write the MaineHealth location(s), provider(s), or clinic(s) that have your records you would like released.
   - You may list more than one location/provider/clinic.
   - If requesting outside records to be sent to MaineHealth, please specify Facility/Practice name, as well as the full address and telephone number.

3. **Release Information To:**
   - Enter the name and address of whom you would like the records sent.
   - The full address and name are **required**, regardless of how the records will be received (e-mailed, faxed, uploaded to MyChart, etc.).
     - ❖ **NOTE**: *If you are requesting records to go to multiple places and/or persons, an Authorization to Release and Disclose Protected Health Information (PHI) form must be completed for **each** place/person the records are to be sent.*

4. **Sensitive Information:**
   - Complete this section only if your records include mental, health, substance abuse, HIV information or genetic testing information.
   - Check **YES** to release or **NO** to withhold each type.

5. **Disclosure Format (How would you like to receive the information):**
   - Choose **one**: Paper, CD, Flash-Drive, Fax, MyChart or Secure email.
     - ❖ ***Important HIPAA Email Disclaimer:*** *If you choose email as your disclosure method, please be aware that while secure email is utilized, standard email may not be encrypted and could be intercepted during transmission. By selecting email, you accept the risk that your Protected Health Information (PHI) may be viewed by someone other than the intended recipient.*
   - If you do not choose an option, paper will be sent.

6. **Purpose of the Release (Why is it needed):**
   - State the reason: Personal, legal, insurance, Continuing Care, etc.

7. **Information to be Released:**
   - You **MUST** list the dates of service you want released.
   - If the exact date is not known, please provide a date range or check "Last 2 years."
   - Check all record types you need (e.g., labs, imaging, office notes, discharge summary).
     - ❖ **Important:** Do not write "ALL /ANY Records." This can cause delays, may result in releasing a very large volume of records, and is not specific enough. **A clear date or date range ensures your request is processed in a timely and accurate manner.**

8. **Sign and Date:**
   - Sign your name and include the date.
   - If you are signing for someone else, list your name and relationship.
   - Verified electronic signatures (e.g., DocuSign), with a verification page, are accepted.

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- ❖ NOTE: All disclosures based on the Authorization to Release and Disclose Protected Health Information (PHI) are limited to records existing at the time the form is signed.

9. **Submit the Completed Form:**
   - **Mail:** MaineHealth Health Information Management
   - 1 Riverfront Plaza, 4th Floor, Westbrook, ME 04092
   - **Email:** RecordRequests@MaineHealth.org
   - **Fax:** 207-761-3092

THANK YOU!