MaineHealth

INSTRUCTIONS ON HOW TO COMPLETE AN AUTHORIZATION TO RELEASE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

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

*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.*

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

2. **Who has the information being requested:** Check the facility **from** which you would like the records released. If only a specific provider or clinic is needed, please list that information on the Provider/Clinic line, along with checking the specific facility. If the facility is not listed, please specify the facility in the Other line.

CHANS Home Health & Hospice	Franklin Memorial Hospital	LincolnHealth
Maine Behavioral Healthcare	Maine Health Care at Home	Maine Medical Center
Memorial Hospital	Mid Coast Hospital	Pen Bay Medical Center
Southern Maine Health Care	Spring Harbor Hospital	Stephens Memorial Hospital
Waldo County General Hospital		

3. **Release Information To (Name and Address):** 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.) for verification purposes.

4. **Section regarding Mental Health, Alcohol or Drug Abuse, and HIV test results:** Complete **ONLY** if the records being requested contain this information and you **do not** want this information to be released as part of this specific request.

5. **Disclosure Format:** How would you like to receive the information? In what format would you like to receive this information? Options include Paper, CD, Flash-drive, etc. Only select **one** disclosure format.

6. **Purpose of the Release:** Enter the **reason** you are requesting the records to be released. **Example**: Personal, legal, insurance, etc.

7. **Date(s) of Service and Information to be released:** Please list dates of service requested, if exact date is not known, please provide a date range that you had treatment and that you want released. Specify **what** information to be released. Please check **all** that apply.
   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.

8. **Sign and Date**
   NOTE: Only Authorized/Verified Electronic signatures (ex: DocuSign) will be accepted.

9. **Submit the Completed Form:** You must send your completed form back to the HIM department in one of the following ways:
    - **Mail to:** MaineHealth Health Information Management, 301C US Route One, Scarborough, ME 04074
    - **Email to:** RecordRequests@MaineHealth.org
    - **Fax to:** 207-761-3092

If you are requesting your Maine Health Care at Home records, please mail your completed form to: 15 Industrial Park Rd, Saco, ME 04072

THANK YOU!