



Hennepin County Medical Center

Release of Information Form Instruction Sheet

Please review each section of the release of information form and complete the required sections. Please note if any of the required sections are left blank it will cause a delay in processing your release of information request.

Section 1 - Required:

Please fill in the information that is requested. If you are looking to release more than one patients' records you MUST complete a separate form for each patient. In this section please make sure you list the patient's complete name and date of birth. Please list any aliases that your information may be under.

Section 2 – Required:

Please check whether you are looking to release your information from HCMC, which includes all of the off-site clinics, and/or the Hennepin County Adult Correctional Facility's records.

Note if you select HCMC, but would prefer that records from one of the specific clinics is not released please cross out that specific clinic's name.

Section 3 – Required:

You must check at least one of the items in this section.

Section 4 – Required:

This section needs to be completed with the name and address of the person or organization that you would like us to obtain information from OR release information to.

Section 5:

This section should be completed to communicate how you would like us to release your records. If a method of transfer is not selected the default method will be mail.

Section 6 - Required:

This section communicates to HCMC what information you would like us to release or obtain from another facility.

Section 7 – Required:

If you have been treated for, spoke to a physician about or communicated you had been treated for HIV/AIDS, mental health or psychiatric information and/or drug or alcohol treatment or information please check these specific items if you authorize the release of documentation related to one or all of these items. Please check all that apply. Please note you are not required to allow for the release of these items, however if these items are within your record we may not be able to release the records as you have instructed and could cause delay in releasing the information.

Section 8:

This section can be completed if you would like to allow a provider or clinic to speak with someone you identify regarding your medical care. You are not required to complete this section.

Section 9 - Required:

Please check the appropriate box to inform us of the reason for your release.

Section 10:

This section allows for you to choose the format in which your information will be released. If you do not choose one paper is the default format.

Section 11 – Required:

This section provides you the Health Insurance Portability and Accountability Act (HIPAA) information that all release of information forms are required to have. Within this section you can have this authorization expire prior to the standard one year from the date signed. This section does require a signature by the patient or authorized representative. The date signed also needs to be completed.

If you have questions regarding the completion of the Release of Information form please call 612-873-3179.