



## Instructions: Authorization to Obtain Protected Health Information Form

**Form B:** Authorization to Obtain Protected Health Information

**When to use:** This form is used when you want copies of your health records for yourself or your child/person that you have guardianship over sent to Mosaic Health.

### **Instructions:**

- **Section 1:** Patient's name, DOB, address and phone number of records requested
- **Section 2:** Add the Name, Address, number and fax number of where the records are that you would like sent to us.
- **Section 3:** Check what health records you want sent to us. Add the dates or the date range of the records you want sent.
  - **If you choose all medical or all dental, you do not have to choose a date range.**
  - Immunizations=vaccinations/shot record
  - Labs=blood work/testing
  - Progress Notes= office visit notes
- **Section 4:** If any of your records that you checked in **Section 3** contain any information regarding mental health conditions, drug/alcohol related conditions and/or HIV/AIDS testing or treatment please **initial** the appropriate boxes so this information can be legally sent to us.
- **Section 5:** Circle the reason you want your records sent to us.
- **Section 6:** Authorization will expire when you are no longer a current patient of Mosaic Health unless you enter a specific Event or Date. We need the signature of patient or Legal guardian, date and printed name. Relationship to patient if someone other than patient signed (example: guardian, mother, father)

