



Franciscan Healthcare

# Authorization for Release of Health Information

(Medical Record Number, Name, and Birth Date Above)

1. **Patient Name:** \_\_\_\_\_ **Previous/Maiden Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

<p>2. <b>Authorizes Release of Medical Records From:</b></p> <p>_____ Name</p> <p>_____ Street Address</p> <p>_____ City, State, Zip Code</p>	<p>3. <b>Release of Medical Records to:</b></p> <p>_____ Name</p> <p>_____ Street Address</p> <p>_____ City, State, Zip Code</p>
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4. **Information to be Released for the following dates:** \_\_\_\_\_

**Specify if Necessary:**

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> X-ray Reports
<input type="checkbox"/> History and Physical/Diagnostic Summary	<input type="checkbox"/> X-ray Films
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Lab Reports
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Office visit notes
<input type="checkbox"/> Billing records	<input type="checkbox"/> Entire Medical Record
<input type="checkbox"/> Other (specify) _____	

In compliance with state statutes (252.15 & 51.30), which require special permission to release otherwise privileged information, please release records pertaining to:

<input type="checkbox"/> Behavioral Health Care/Psychiatric care
<input type="checkbox"/> Alcohol and/or Drug Abuse Treatment
<input type="checkbox"/> AIDS/HIV and other communicable diseases
<input type="checkbox"/> Other (specify) _____

5. **Purpose for Need of Disclosure:** (check applicable categories)

<input type="checkbox"/> Further Medical Care	<input type="checkbox"/> Legal Investigation or Action
<input type="checkbox"/> Insurance Eligibility/Benefits	<input type="checkbox"/> Personal
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Changing Physicians
<input type="checkbox"/> Disability	<input type="checkbox"/> Other (Specify) _____

I understand, by signing this authorization that treatment, payment, enrollment or eligibility may not be conditioned by signing this authorization. This authorization may be revoked, in writing, at any time prior to the disclosure of this information. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim. This information is intended only for the use of the individual or entity to which it is addressed and contains information that is **confidential**. Furthermore, this information may be protected by numerous Federal laws relating to confidentiality prohibiting any further disclosure. I also understand I have the right to inspect and receive (upon reasonable notice and for a reasonable fee) a copy of the material to be disclosed as well as a copy of this authorization form. If not previously revoked, this authorization will expire six (6) months from the date of my signature. A photocopy of this authorization is considered as valid as the original.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Signature of Legal Representative \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Relationship \_\_\_\_\_  
Witness \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_



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## Franciscan Healthcare Locations

### La Crosse

- Clinic Medical Records**  
800 West Avenue South  
La Crosse, WI 54601  
Phone 608-782-9760  
ext 2-6275  
Fax 608-392-9897
  - Hospital Medical Records**  
700 West Avenue South  
La Crosse, WI 54601  
Phone 608-785-0940  
ext 2-2206  
Fax 608-392-9799
  - Patient Financial Services**  
508 5th Avenue South  
La Crosse, WI 54601  
Phone 608-392-9800  
or 1-800-603-2500  
Fax 608-392-9541
  - Occupational Health**  
630 10th Street South  
La Crosse, WI 54601  
Phone 608-392-9769  
Fax 608-392-9567
  - Behavioral Health Services**  
212 11th Street South  
La Crosse, WI 54601  
Phone 608-392-9555  
Fax 608-392-9432
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- Arcadia**  
464 S. St. Joseph Avenue  
Arcadia, WI 54612  
Phone 608-323-3341  
Fax 608-323-3795
- Holmen**  
1303 Main Street South  
Holmen, WI 54636  
Phone 608-526-3351  
Fax 608-526-3412
- Tomah**  
325 Butts Avenue  
Tomah, WI 54660  
Phone 608-372-5951  
Fax 608-372-3436
- Prairie du Chien**  
800 E. Blackhawk Avenue  
Prairie du Chien, WI 53821  
Phone 608-326-0808  
Fax 608-326-0810
- Waukon**  
105 E. Main Street  
Waukon, IA 52172  
Phone 563-568-3449  
Fax 563-568-4947
- Caledonia**  
701 N. Sprague Street  
Caledonia, MN 55921  
Phone 507-724-3353  
Fax 507-724-5650
- La Crescent**  
524 N. Elm Street  
La Crescent, MN 55947  
Phone (507)-895-6600  
Fax 507-895-6599
- Onalaska**  
191 Theater Road  
Onalaska, WI 54650  
Phone 608-392-5945  
Fax 608-392-5787
- Sparta**  
310 West Main Street  
Sparta, WI 54656  
Phone 608-269-2132  
Fax 608-269-1017