



**AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION/  
PATIENT REQUEST FOR ACCESS TO PATIENT HEALTH INFORMATION**

Patient Name (Last, first, middle initial)		Social Security #	
Street Address	City	State	Zip
Date of Birth	Day Phone #	Evening Phone #	

INFORMATION RELEASED FROM	INFORMATION RELEASED TO/EXCHANGED WITH
Name of Clinic	Name (hospital, clinic, attorney, insurance company, individual)
Facility Address	Street Address
	City State Zip
	Date Information Needed

**AUTHORIZATION TO DISCLOSE MEDICAL/BILLING INFORMATION IS LIMITED TO THE FOLLOWING:**

Medical Condition/Specify Injury \_\_\_\_\_

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Approximate Visit Dates       Verbal Release       View Record       Receive Copy

**PLEASE INDICATE THE INFORMATION TO BE DISCLOSED:**

- Clinic Visit Notes       Immunization Records       Laboratory Report(s)       Radiology Report(s)       Consultation(s)  
 Radiology Films       Hospital Records       Chemical Dependency/Drug or Alcohol Abuse Treatment Records  
 Billing Records/Statements (date) \_\_\_\_\_  Secondary Records (specify film/video/monitor tracings) \_\_\_\_\_  
 Other \_\_\_\_\_

- OR**
- Any and all medical records including chemical dependency/drug or alcohol abuse treatment records
- OR**
- Any and all records including medical records, billing records and secondary records, chemical dependency/drug or alcohol abuse treatment records

**ALL RECORDS PERTAINING TO PSYCHIATRIC/MENTAL HEALTH AND/OR HIV/HIV RELATED ILLNESSES WILL BE RELEASED UNLESS INDICATED HERE:**

- DO NOT RELEASE RECORDS RELATED TO MENTAL HEALTH AND/OR HIV**

**THIS INFORMATION IS TO BE RELEASED FOR THE PURPOSE OF:**

- Referral for Care       Transfer of Care       Social Security Disability Determination or Appeal  
 Legal/Litigation       Insurance Application       Insurance Claim or Payment  
 Other (specify) \_\_\_\_\_

Authorization expiration date or event \_\_\_\_\_ (if left blank, will expire one year from date of signature)

**NOTE: A FEE MAY BE CHARGED IN ACCORDANCE WITH MN STATUTE 144.335 AND FEDERAL RULE 164.524**

I understand that I may revoke this authorization at any time with written notification, but that the revocation will not have any effect on the information released prior to notification of revocation. The Allina Notice of Privacy Practices gives information on how to revoke this authorization. Allina Medical Clinic will not refuse or restrict my treatment if I choose not to sign this Authorization. **A photocopy/fax /scanned image of this authorization will be treated in the same manner as an original.**

Further, I realize that Allina Medical Clinic cannot prevent the redisclosure of records released as a result of this request and that the records may not be subject to privacy rule protections; therefore Allina Medical Clinic is released from any and all liability resulting from redisclosure. I have read and understand my rights as described on the back side of this form.

\_\_\_\_\_  
 Patient/Legal Representative Signature      Date      Authority to act on behalf of Patient (attach document)



ALLINA MEDICAL CLINIC

PLEASE READ THE FOLLOWING INFORMATION  
PATIENT REQUEST FOR ACCESS TO HEALTH INFORMATION

You have the right to inspect and obtain a copy of your protected health information in designated records that we or our business associates maintain, with some exceptions. To exercise your right of access, you need to complete the front side of this form. You may view these records or you may have a copy of the records. Please indicate your preference on the front side of this form.

Minnesota and Federal laws permit facilities to charge a reasonable fee for copies of medical records. Allina Hospitals and Clinics follow the fee schedule set by the Minnesota Department of Health. You or those authorized to receive the copies of records may be charged a fee for photocopies of records or copies of radiology films, videos, monitor tracings or other images (secondary records).

If you are the patient's legal representative, please **attach a copy** of the document that gives you the authority to act as the legal representative.

Your signature authorizing disclosure of medical information (on the front side) indicates your review and understanding of the information described above.

You are entitled to a copy of this document.

**PLEASE NOTE: An incomplete form cannot be accepted. If you have questions about completing this form, please contact the Patient Representative of the clinic from which you intend to seek information. Records should be requested a reasonable time before they are needed and will only be released upon payment of the appropriate fee, when applicable.**

ALLINA MEDICAL CLINICS

NAME	ADDRESS	PHONE #	FAX #
Abbott Northwestern Hospitalist Services of the AMC	920 East 28th Street, #190, Minneapolis, MN 55407	612-863-1639	612-863-3809
Annandale	440 Elm Street East, Box B, Annandale, MN 55302	320-274-3744	320-274-8194
Buffalo	303 Catlin Street, Buffalo, MN 55313	763-682-5225	763-684-6111
Cambridge Medical Center	701 South Dellwood, Cambridge, MN 55008	763-689-7700	763-689-7941
Champlin	11269 Jefferson Highway, Champlin, MN 55316	763-427-9620	763-427-9626
Cokato	110 Olsen Boulevard, Box 520, Cokato, MN 55321	320-286-2123	320-286-6294
Coon Rapids	9055 Springbrook Drive, Coon Rapids, MN 55433	763-780-9155	763-236-1066
Cottage Grove	8611 West Point Douglas Road South, Cottage Grove, MN 55016	651-458-1884	651-768-6218
Eagan	1110 Yankee Doodle Road, Eagan, MN 55121	651-454-3970	651-905-5059
Edina	7373 France Avenue South, #300, Edina, MN 55435	952-835-1311	612-863-1077
Elk River	14181 Business Center Drive N.W., Elk River, MN 55330	763-236-0500	763-236-0565
Faribault	100 State Ave, Faribault, MN 55021	507-334-3921	507-332-5297
Farmington	3500 213th Street West, Farmington, MN 55024	651-463-7181	651-460-7184
Forest Lake	1540 South Lake Street, Forest Lake, MN 55025	651-464-7100	651-982-5515
Fridley OB/GYN	500 Osborne Road N.E., #255, Fridley, MN 55432	763-786-6011	763-783-9410
Hastings	1210 West First Street, Hastings, MN 55033	651-438-1800	651-438-1894
Hinckley	620 Fire Monument Road, Hinckley, MN 55037	320-384-0411	320-384-6181
Internal Medicine Specialties – St. Paul	280 North Smith Avenue, #144, St. Paul, MN 55102	651-241-5502	651-241-5511
Isles	2800 Hennepin Avenue, Minneapolis, MN 55408	612-871-1696	612-871-7480
Litchfield	611 South Sibley Avenue, Litchfield, MN 55355	320-693-2804	320-693-5111
Maple Grove	13986 Maple Knoll Way, Maple Grove, MN 55369	763-420-5700	763-420-5531
Midwest Surgery	3960 Coon Rapids Boulevard, #104, Coon Rapids, MN 55433	763-576-7600	763-576-7610
Mora	331 S. Hwy 65, Mora, MN 55051	320-679-1313	320-679-6661
North Branch	38986 14th Avenue, North Branch, MN 55056	651-674-0055	651-689-7444
Nicollet Mall	Medical Arts Building, #300, 825 Nicollet, Minneapolis, MN 55402	612-333-8883	612-317-6686
North Metro Infectious Disease	3960 Coon Rapids Boulevard, #104, Coon Rapids, MN 55433	763-236-9022	763-576-7610
Northfield	1400 Jefferson Road, Northfield, MN 55057	507-663-9000	507-645-2091
Parkview OB/GYN – Maplewood	1560 Beam Avenue, Maplewood, MN 55109	651-777-8831	651-748-4894
Parkview OB/GYN – St. Paul	347 North Smith Street, #203, St. Paul, MN 55102	651-241-7733	651-241-7734
Pine City	220 Third Avenue S.E., Pine City, MN 55063	320-629-7505	320-629-2202
Ramsey	5300 Alpine Drive N.W., Ramsey, MN 55303	763-236-0000	763-236-0025
Shakopee	1515 St. Francis Avenue, #100, Shakopee, MN 55379	952-403-3535	952-403-3599
Shoreview	4194 North Lexington Avenue, Shoreview, MN 55126	651-483-5461	651-483-2155
The Doctors	1300 Lagoon, Minneapolis, MN 55408	612-824-1772	612-821-4799
United Hospitalist Services of the AMC	333 North Smith Avenue, #4314, St. Paul, MN 55102	651-241-8461	651-241-2793
West Health Campus	2855 Campus Drive, #400, Plymouth, MN 55441	763-577-7400	763-577-7440
West St. Paul	150 East Emerson Avenue, West St. Paul, MN 55118	651-241-1800	651-241-1826
Woodbury	8675 Valley Creek Road, Woodbury, MN 55125	651-501-3000	651-501-3507
Woodlake	407 West 66th Street, Richfield, MN 55423	612-798-8800	612-798-8833