

**AUTHORIZATION TO RELEASE  
AND/OR RECEIVE RECORDS**

Phone: 479-754-5394 Fax: 479-754-5349

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorization Johnson Regional Medical Center to:

- Release copies of billing or medical records to the following persons or entities
- Receive copies of billing or medical records from the following persons or entities

Information may be released in writing, verbally, or by video, fax, photocopy or microfilm

**NOTICE TO PATIENT/PATIENT REPRESENTATIVE:** If the recipient of the information disclosed pursuant to this authorization is not a health care provider, health plan or health care clearinghouse, the information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws and regulations.

The information will be obtained and/or disclosed for the following reasons:

- Treatment/Continuity of Treatment
- Legal Reasons
- AT THE REQUEST OF THE INDIVIDUAL
- Assessment & Evaluation
- Marketing
- Other (Specify):

*JRMC will / will not (cross out one) receive compensation, whether monetary or otherwise, as a result of the use or disclosure of this information for marketing purposes.*

This authorization will expire:  Ninety (90) days from the date of the signature below,  
Or  Other: \_\_\_\_\_

This authorization may be revoked by notifying the Johnson Regional Medical Center in writing addressed to:

**Ranay Storms, Privacy Officer  
Johnson Regional Medical Center  
1100 East Poplar Street  
Clarksville, AR 72830**

**NOTE:** Protected health information may already have been disclosed before the revocation is received. If so, the revocation will be effective only as of the date it is received by Johnson Regional Medical Center.

Patient  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal  
Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative's Relationship/Authority

This authorization is voluntary. A refusal to sign will not affect the patient's ability to obtain treatment, payment, or, if applicable, enrollment in a health plan or eligibility for benefits.