This authorization cannot be used to release Part 2 (substance use disorder) patient records. In order to obtain Part 2 records from the Genesis HealthCare System Health Information Management Department, a “Consent for Release of Part 2 Program (Substance Use Disorder Provider) Information” form will need to be completed.
### AUTHORIZATION TO RELEASE/OBTAIN PROTECTED HEALTH INFORMATION

**MAIL TO ORGANIZATION/AGENCY**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**PHONE #**

- [ ] FAX TO: [ ] FAX #
- [ ] VERBAL EXCHANGE

5. **SEND TO INFORMATION**

I prefer to receive my medical record in the following format:

- [ ] IN-PERSON REVIEW ONLY (DATE & TIME): ______________________
- [ ] PAPER
- [ ] CD (for patients only)
- [ ] SECURE LINK
- [ ] RELEASE TO MYCHART (for patients only)

### Authorization:

- I understand that if the person or entity that receives the above information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and may no longer be protected by the federal privacy regulations.
- I understand that I am not required to sign this authorization form and that Genesis HealthCare System will not condition the provision of treatment or payment to me on the signing of this authorization, except that Genesis HealthCare System may condition the provision of research-related treatment to me on the signing of this authorization for the use or disclosure of my protected health information for such research. Genesis HealthCare System may also condition the provision of health care to me that is solely for the purpose of creating protected health information for disclosure to a third party on the signing of this authorization.
- I understand that by signing this authorization for the purpose of research, it gives the researcher(s) the permission to use or disclose my personal health information for such research.
- I understand that my records/protected health information cannot be released pursuant to an authorization unless I sign this form.

### Revocation:

As described in the Notice of Privacy Practices of Genesis HealthCare System, I understand that I may revoke the authorization in writing at any time by sending a written revocation to Genesis HealthCare System / Health Information Management Department / 2951 Maple Avenue / Zanesville, Ohio 43701, and that no further release shall occur except to the extent that such action has been taken by Genesis HealthCare System in reliance on this authorization prior to notice of revocation.

6. **ACKNOWLEDGEMENTS**

This authorization for release of protected health information for the date of service indicated is effective until __/__/____ or, if no date is specified or if such specified date exceeds one year from the date signed below, for a period of one year from the date signed below.

I hereby authorize Genesis HealthCare System to disclose to the party (parties) named in this document, information from my medical record as specified herein.

**Expiration**

<table>
<thead>
<tr>
<th>Signature of Patient</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Authorized Representative of Patient</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Printed Name of Individual Authorized by Patient</th>
<th>Relationship to Patient</th>
</tr>
</thead>
</table>

7. **Fees**

You may be charged a fee for copies of medical records in accordance with Ohio Revised Code 3701.741. If you have questions about the total cost of copying medical records, please contact CIOX Health* at 1-740-454-5905 (press #2) or toll-free at 1-800-322-4762, ext. 5905 (press #2).

* CIOX Health is a business associate of Genesis HealthCare System contracted to provide medical records services for Genesis HealthCare System and patients.

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**ID Check (Employees Must Check ID)**

Request taken by: ______________________

Released by: ______________________

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This authorization cannot be used to release Part 2 (substance use disorder) patient records. In order to obtain Part 2 records from the Genesis HealthCare System Health Information Management Department, a “Consent for Release of Part 2 Program (Substance Use Disorder Provider) Information” form will need to be completed.