

INSTRUCTIONS FOR COMPLETION OF
AUTHORIZATION TO RELEASE /OBTAIN MEDICAL RECORD INFORMATION
FROM JERSEY COMMUNITY HOSPITAL HIM DEPARTMENT

Please print and complete all sections of the online form.

The signed completed form must be presented to the Health Information Management (HIM) Department for your request to be processed. You may present it to the HIM office during the hours of 8:00 to 4:30, Monday through Friday; you may submit by FAX to 618-498-8496 or by e-mail to ***releaseofinformation@jch.org***. There may be charges associated with your request for records.

You may pick up your records at the HIM Department (allow 5-7 working days). Please bring personal identification to verify that you are legally entitled to the medical information. We will fax or mail records to another healthcare organization or physician office at your request.

If you have questions, please contact the Health Information Management Department at phone number 618-498-8309.