



Patient's Name	Previous Name(s)
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Patient's Address	City	State
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Patient's Date of Birth	Social Security #
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☐ Decatur Co. Memorial Hospital ☐ Provider: Please specify _____
720 North Lincoln St
Greensburg, IN 47240 Street _____
City _____ State _____ Zip _____

To release or obtain the following portions of the protected health information on the above named patient:

Medical Record - period of _____ Area of Concern: _____

___ Specific portions of the medical record: ☐ H&P ☐ DS ☐ OP Report ☐ Lab ☐ X-Ray ☐ EKG ☐ ER
☐ Other _____ for the period of _____

Billing Record - period of	Disclosure Accounting
12/1/2017 - 12/31/2017	12/1/2017 - 12/31/2017
1/1/2018 - 1/31/2018	1/1/2018 - 1/31/2018
2/1/2018 - 2/28/2018	2/1/2018 - 2/28/2018
3/1/2018 - 3/31/2018	3/1/2018 - 3/31/2018
4/1/2018 - 4/30/2018	4/1/2018 - 4/30/2018
5/1/2018 - 5/31/2018	5/1/2018 - 5/31/2018
6/1/2018 - 6/30/2018	6/1/2018 - 6/30/2018
7/1/2018 - 7/31/2018	7/1/2018 - 7/31/2018
8/1/2018 - 8/31/2018	8/1/2018 - 8/31/2018
9/1/2018 - 9/30/2018	9/1/2018 - 9/30/2018
10/1/2018 - 10/31/2018	10/1/2018 - 10/31/2018
11/1/2018 - 11/30/2018	11/1/2018 - 11/30/2018
12/1/2018 - 12/31/2018	12/1/2018 - 12/31/2018
1/1/2019 - 1/31/2019	1/1/2019 - 1/31/2019
2/1/2019 - 2/28/2019	2/1/2019 - 2/28/2019
3/1/2019 - 3/31/2019	3/1/2019 - 3/31/2019
4/1/2019 - 4/30/2019	4/1/2019 - 4/30/2019
5/1/2019 - 5/31/2019	5/1/2019 - 5/31/2019
6/1/2019 - 6/30/2019	6/1/2019 - 6/30/2019
7/1/2019 - 7/31/2019	7/1/2019 - 7/31/2019
8/1/2019 - 8/31/2019	8/1/2019 - 8/31/2019
9/1/2019 - 9/30/2019	9/1/2019 - 9/30/2019
10/1/2019 - 10/31/2019	10/1/2019 - 10/31/2019
11/1/2019 - 11/30/2019	11/1/2019 - 11/30/2019
12/1/2019 - 12/31/2019	12/1/2019 - 12/31/2019
1/1/2020 - 1/31/2020	1/1/2020 - 1/31/2020
2/1/2020 - 2/28/2020	2/1/2020 - 2/28/2020
3/1/2020 - 3/31/2020	3/1/2020 - 3/31/2020
4/1/2020 - 4/30/2020	4/1/2020 - 4/30/2020
5/1/2020 - 5/31/2020	5/1/2020 - 5/31/2020
6/1/2020 - 6/30/2020	6/1/2020 - 6/30/2020
7/1/2020 - 7/31/2020	7/1/2020 - 7/31/2020
8/1/2020 - 8/31/2020	8/1/2020 - 8/31/2020
9/1/2020 - 9/30/2020	9/1/2020 - 9/30/2020
10/1/2020 - 10/31/2020	10/1/2020 - 10/31/2020
11/1/2020 - 11/30/2020	11/1/2020 - 11/30/2020
12/1/2020 - 12/31/2020	12/1/2020 - 12/31/2020
1/1/2021 - 1/31/2021	1/1/2021 - 1/31/2021
2/1/2021 - 2/28/2021	2/1/2021 - 2/28/2021
3/1/2021 - 3/31/2021	3/1/2021 - 3/31/2021
4/1/2021 - 4/30/2021	4/1/2021 - 4/30/2021
5/1/2021 - 5/31/2021	5/1/2021 - 5/31/2021
6/1/2021 - 6/30/2021	6/1/2021 - 6/30/2021
7/1/2021 - 7/31/2021	7/1/2021 - 7/31/2021
8/1/2021 - 8/31/2021	8/1/2021 - 8/31/2021
9/1/2021 - 9/30/2021	9/1/2021 - 9/30/2021
10/1/2021 - 10/31/2021	10/1/2021 - 10/31/2021
11/1/2021 - 11/30/2021	11/1/2021 - 11/30/2021
12/1/2021 - 12/31/2021	12/1/2021 - 12/31/2021
1/1/2022 - 1/31/2022	1/1/2022 - 1/31/2022
2/1/2022 - 2/28/2022	2/1/2022 - 2/28/2022
3/1/2022 - 3/31/2022	3/1/2022 - 3/31/2022
4/1/2022 - 4/30/2022	4/1/2022 - 4/30/2022
5/1/2022 - 5/31/2022	5/1/2022 - 5/31/2022
6/1/2022 - 6/30/2022	6/1/2022 - 6/30/2022
7/1/2022 - 7/31/2022	7/1/2022 - 7/31/2022
8/1/2022 - 8/31/2022	8/1/2022 - 8/31/2022
9/1/2022 - 9/30/2022	9/1/2022 - 9/30/2022
10/1/2022 - 10/31/2022	10/1/2022 - 10/31/2022
11/1/2022 - 11/30/2022	11/1/2022 - 11/30/2022
12/1/2022 - 12/31/2022	12/1/2022 - 12/31/2022
1/1/2023 - 1/31/2023	1/1/2023 - 1/31/2023
2/1/2023 - 2/28/2023	2/1/2023 - 2/28/2023
3/1/2023 - 3/31/2023	3/1/2023 - 3/31/2023
4/1/2023 - 4/30/2023	4/1/2023 - 4/30/2023
5/1/2023 - 5/31/2023	5/1/2023 - 5/31/2023
6/1/2023 - 6/30/2023	6/1/2023 - 6/30/2023
7/1/2023 - 7/31/2023	7/1/2023 - 7/31/2023
8/1/2023 - 8/31/2023	8/1/2023 - 8/31/2023
9/1/2023 - 9/30/2023	9/1/2023 - 9/30/2023

Release this information to / obtain from:

Name of Person or Institution

Address of Person or Institution

The medical record is used/disclosed for the following purpose: ☐ Medical Care ☐ Personal Use

☐ Other _____
(State the general purpose or intended use of the health information)

☐ I would like to have my medical record provided to me electronically, via email.

Email Address _____ Initials _____

I understand: _____

- I may **REVOKE** this release at any time, in writing, but the request shall remain valid until revoked, upon the expiration of sixty (60) days, or _____, or _____

(expiration date)
(specified event)

 whichever occurs first, **EXCEPT** to the extent that action has been taken thereon or the Authorization was given as a condition of obtaining insurance coverage, other law provides that the insurance company has the right to contest a claim under the insurance policy.
- This release may include medical records of treatment for physical and/or emotional illness (except psychotherapy notes), including treatment of alcohol or drug abuse.
- HIV, AIDS, or AIDS - related information may also be released.
- Once this information has been disclosed there is a potential for the protected health information to be redisclosed by the recipient and no longer protected by law.
- Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining this authorization.

I acknowledge that I have read and understand this Authorization. Further I authorize the disclosure of my Protected Health Information in accordance with the terms in the Authorization.

Signature (Patient)	Date	Signature (Authorized Representative)	Date
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Printed authority to sign for patient

Released by _____ Date: _____

MR #	Acct. #	MR Date	MR Description	MR Amount	Acct. Date	Acct. Description	Acct. Amount
1	1	1/1/2020	1/1/2020	1.00	1/1/2020	1/1/2020	1.00
2	2	2/1/2020	2/1/2020	2.00	2/1/2020	2/1/2020	2.00
3	3	3/1/2020	3/1/2020	3.00	3/1/2020	3/1/2020	3.00
4	4	4/1/2020	4/1/2020	4.00	4/1/2020	4/1/2020	4.00
5	5	5/1/2020	5/1/2020	5.00	5/1/2020	5/1/2020	5.00
6	6	6/1/2020	6/1/2020	6.00	6/1/2020	6/1/2020	6.00
7	7	7/1/2020	7/1/2020	7.00	7/1/2020	7/1/2020	7.00
8	8	8/1/2020	8/1/2020	8.00	8/1/2020	8/1/2020	8.00
9	9	9/1/2020	9/1/2020	9.00	9/1/2020	9/1/2020	9.00
10	10	10/1/2020	10/1/2020	10.00	10/1/2020	10/1/2020	10.00
11	11	11/1/2020	11/1/2020	11.00	11/1/2020	11/1/2020	11.00
12	12	12/1/2020	12/1/2020	12.00	12/1/2020	12/1/2020	12.00
13	13	1/1/2021	1/1/2021	13.00	1/1/2021	1/1/2021	13.00
14	14	2/1/2021	2/1/2021	14.00	2/1/2021	2/1/2021	14.00
15	15	3/1/2021	3/1/2021	15.00	3/1/2021	3/1/2021	15.00
16	16	4/1/2021	4/1/2021	16.00	4/1/2021	4/1/2021	16.00
17	17	5/1/2021	5/1/2021	17.00	5/1/2021	5/1/2021	17.00
18	18	6/1/2021	6/1/2021	18.00	6/1/2021	6/1/2021	18.00
19	19	7/1/2021	7/1/2021	19.00	7/1/2021	7/1/2021	19.00
20	20	8/1/2021	8/1/2021	20.00	8/1/2021	8/1/2021	20.00
21	21	9/1/2021	9/1/2021	21.00	9/1/2021	9/1/2021	21.00
22	22	10/1/2021	10/1/2021	22.00	10/1/2021	10/1/2021	22.00
23	23	11/1/2021	11/1/2021	23.00	11/1/2021	11/1/2021	23.00
24	24	12/1/2021	12/1/2021	24.00	12/1/2021	12/1/2021	24.00
25	25	1/1/2022	1/1/2022	25.00	1/1/2022	1/1/2022	25.00
26	26	2/1/2022	2/1/2022	26.00	2/1/2022	2/1/2022	26.00
27	27	3/1/2022	3/1/2022	27.00	3/1/2022	3/1/2022	27.00
28	28	4/1/2022	4/1/2022	28.00	4/1/2022	4/1/2022	28.00
29	29	5/1/2022	5/1/2022	29.00	5/1/2022	5/1/2022	29.00
30	30	6/1/2022	6/1/2022	30.00	6/1/2022	6/1/2022	30.00
31	31	7/1/2022	7/1/2022	31.00	7/1/2022	7/1/2022	31.00
32	32	8/1/2022	8/1/2022	32.00	8/1/2022	8/1/2022	32.00
33	33	9/1/2022	9/1/2022	33.00	9/1/2022	9/1/2022	33.00
34	34	10/1/2022	10/1/2022	34.00	10/1/2022	10/1/2022	34.00
35	35	11/1/2022	11/1/2022	35.00	11/1/2022	11/1/2022	35.00
36	36	12/1/2022	12/1/2022	36.00	12/1/2022	12/1/2022	36.00
37	37	1/1/2023	1/1/2023	37.00	1/1/2023	1/1/2023	37.00
38	38	2/1/2023	2/1/2023	38.00	2/1/2023	2/1/2023	38.00
39	39	3/1/2023	3/1/2023	39.00	3/1/2023	3/1/2023	39.00
40	40	4/1/2023	4/1/2023	40.00	4/		