



P.O. Box 31715  
Billings, MT 59107  
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*Authorization for Release of Confidential Patient Information*

**I hereby authorize Yellowstone Surgery Center to disclose my health information as described below:**

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Phone Number**

**Information Requested:**

I request the following records from my medical record for date(s) of service \_\_\_\_\_  
(Please circle): Operating Room Record    History & Physical    Nurses Notes    Physicians Orders  
Complete Medical Record    Other (please specify): \_\_\_\_\_

**Reason for Disclosure: (please circle):**

Continued care by another provider    Disability Determination    Insurance Claim  
Other (please specify): \_\_\_\_\_

**Name and address of person  
to receive the records:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This authorization expires 90 days from the date of my signature.**

I understand I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken in reliance thereon. This consent will expire automatically 90 days from the date of execution. Records released under this authorization shall not be considered part of the records of the receiving facility. Any further disclosure of medical record information by the recipient is not authorized without the specific written consent of the person to whom it pertains.

**The undersigned is (check appropriate line):**

\_\_\_\_ Patient  
\_\_\_\_ Patient's legal representative  
(please specify): \_\_\_\_\_  
\_\_\_\_ Other  
(please specify): \_\_\_\_\_

**Contact information of person requesting  
if different than patient:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

\*\*\*All Fields must be completed\*\*\*

\*\*\* Normal turn around time for disclosing records is 10-14 business days from record completion date\*\*\*

**RESERVED FOR OFFICE USE ONLY:**

Identification (circle): Driver's License viewed? Y / N    Signature verified? Y / N    MRN: \_\_\_\_\_  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Release Date: \_\_\_\_\_ # of pages: \_\_\_\_\_ Mailed / Faxed / Picked up / Other: \_\_\_\_\_  
Released by: \_\_\_\_\_ Date: \_\_\_\_\_