



**ROMAN CATHOLIC DIOCESE OF SALINA  
AUTHORIZATION TO RELEASE AND/OR RECEIVE CONFIDENTIAL INFORMATION**

PATIENT NAME	BIRTH DATE
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**CHECK ONE:**

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY HEALTH CARE PROVIDER THAT HAS PROVIDED TREATMENT TO DISCLOSE PROTECTED HEALTH INFORMATION CONCERNING THE ABOVE-NAMED PATIENT TO:

**Catholic Chancery Office  
103 N. 9<sup>th</sup> Street, P.O. Box 980  
Salina, Kansas 67402-0980**

For Treatment date(s): \_\_\_\_\_  
*Specify date(s) - this line MUST BE completed*

For the following purpose(s): \_\_\_\_\_ At the request of the patient \_\_\_\_\_

*If the request is initiated by the patient (Or patient representative), insert "at the request of patient;" otherwise, describe purpose of use or disclosure. If the purpose relates to marketing, indicate whether Provider will receive remuneration.*

CHECK TYPE OF INFORMATION AUTHORIZED TO BE USED AND/OR DISCLOSED <small>(Unless the appropriate box is checked, Provider will not disclose records contained in its medical records prepared by health care providers not affiliated with Provides unless records were prepared on behalf of Provider)</small>	
	<input type="checkbox"/> Entire Record (will not include Billing Records or records not prepared by or on behalf of Provider unless those items also are selected)
	<input type="checkbox"/> Records not prepared by or on behalf of Provider. Provider cannot be responsible for the completeness or accuracy of such records.
	<input type="checkbox"/> Other _____

\_\_\_\_\_  
*Date* \_\_\_\_\_  
*Signature of Authorized Agent/Representative (Parent)*

\_\_\_\_\_  
*Printed Name of Authorized Agent/Representative (Parent)* \_\_\_\_\_  
*Relationship of Authorized Agent/Representative*

\_\_\_\_\_  
*Address of Authorized Agent/Representative* \_\_\_\_\_  
*Telephone # of Authorized Agent/Representative*

\_\_\_\_\_  
*Date* \_\_\_\_\_  
*Signature of Witness*

**ORIGINAL - Privacy Officer COPY - Patient Medical Record**

For Office Use Only: For each disclosure made pursuant to this authorization, list the name of the person/entity to whom the disclosure was made; a description of the disclosed; the date on which the disclosure was made; any fees charged in connection with the disclosure; and the name of the person making the disclosure.