



**Emmanuel Lutheran Church
Community Outreach Program**

Medial Record Release and Authorization

Ohio and Federal law protect the privacy and confidentiality of an individual patient’s medical records. In order for The Emmanuel Lutheran Church Community Outreach Program to access your medical records (as part of its financial assistance process), a Release and Authorization Form must be executed and submitted to your health care provider(s). Please note that you are afforded the following rights with respect to the Release and Authorization:

- You may refuse to sign the Release and Authorizing Form, although you will then be ineligible to receive financial assistance from The Emmanuel Lutheran Church Community Outreach Program.
- You may revoke the Release and Authorization by submitting a written revocation to the health care provider.
- The revocation will be effective upon receipt by the healthcare provider.
- You have the right to receive a copy of this Release and Authorization upon written request.
- You may inspect or obtain copies of all information which the Emmanuel Lutheran Church Community Outreach Program Foundation receives pursuant to this Release and Authorization.

Name: _____ DOB: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Last 4 digits of SSN: _____

I hereby authorize _____
(Health Care Provider)

to release all medical records and reports, copies of charts and medical information regarding my treatment plan to The Emmanuel Lutheran Church Community Outreach Program at 360 Princeton Avenue, Elyria, Ohio 44035.

The purpose of this request is to assist The Emmanuel Lutheran Church Community Outreach Program in determining my eligibility for financial assistance.

This Release and Authorization shall expire twelve (12) months form its execution if not revoked prior thereto.

The Emmanuel Lutheran Church Community Outreach Program will not disseminate or release your medical records to any outside source without first obtaining your prior express consent.

Signature of Applicant Date