Ammonoosuc Community Health Services, Inc.
Littleton • Franconia • Warren • Whitefield • Woodsville
603.444.2464 • www.ammonoosuc.org

Authorization for Release of Previous Medical Records

Patient Name: Birth Date: Alias/Former Name: _____

Release Previous Medical Records from (Individual/Organization)_____

Address _____ Phone _____

Release to: **ACHS, 25 Mt. Eustis Road, Littleton, NH 03561 – Attn: NEW PATIENT COORDINATOR**

I hereby authorize and request the exchange of information (verbally or in writing) between Ammonoosuc Community Health Services and the above mentioned individual/organization. The following information is requested to be shared:

☒ Office Notes – 2 years	☒ Chart Summary	☒ Consultation Reports – 10 years	☒ Op & Procedure(s) – All
☒ Medication List	☒ Imaging Reports – All	☒ Diagnostic Reports – All	☒ Medical/Surgical History
☒ Immunizations	☒Pathology Reports–10 years	☒ Hospital Correspondence – All	☒ Previous Medical Records
☒ Lab Results – last 2 of each type	☒ Family/Social History	☒ Advance Directive	☒ Growth Charts (patients under age 19)
☒ ER Reports	☐ Other:		

I hereby authorize disclosure of the following (please initial if applicable):

Behavior Health Records		**Alcohol & Substance Abuse**		**Other**	
☐ Intake Assessment	Initial_____	☐ Intake Assessment	Initial_____	☐ Sexually transmitted disease	Initial_____
☐ Last 3 office visit notes	Initial_____	☐ Last 3 office visit notes	Initial_____	☐ Genetic testing	Initial_____
☐ Hospitalizations	Initial_____	☐ Hospitalizations	Initial_____	☐ HIV (AIDS) testing/treatment	Initial_____
☐ Psychiatric	Initial_____	☐ Drug &/or alcohol treatment	Initial_____		

The purpose of this release is to expedite: ☐ Transfer of Care ☐ Sharing of Care

Dates: From: _____ To: _____

Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the above information to and/or from the individual or agency I have named which may include drug and alcohol abuse information.

Note: Federal regulations govern the confidentiality of alcohol and drug dependent persons. (42 CFR Part 2). Federal law prohibits the disclosure of (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or for the use in civil, criminal, or administration action or proceedings.

I understand I may revoke this authorization at any time by notifying ACHS in writing, except to the extent that: a) action has been taken in reliance on this authorization; or b) if this authorization is obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand I have the right to request and receive a Notice of Privacy Practices from ACHS.

All releases expire one year from the date signed unless otherwise indicated.

_____ _____

Signature of patient or patient's representative **Relationship**

Witness _____ **Date** _____

Prohibition of Redisclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.