

RELEASE INSTRUCTIONS

We require the **original** signature of the patient, witnessed, and all sections checked or filled in appropriately on the release. The sections include:

1. Name, date of birth, and social security number (top right corner);
2. Person and/or organization receiving information with the address phone number and fax number (if appropriate);
3. What information is to be released (please be specific);
4. Time period from where the records are being taken from; **mm/dd/yyyy to mm/dd/yyyy is only format acceptable to this facility.**
5. Purpose of disclosure;
6. Method of release;
7. Patient signature and date and witness signature and date.

No information will be released unless the form is filled out in its entirety and considered to be valid. Invalid release forms will be returned and patient will be asked to complete a new release form.

Return original release to Marworth, Medical Records Department, PO Box 36, Waverly, PA 18471. We will begin the transaction immediately upon receipt of proper authorization. We do bill for our services when applicable.

Please be aware that records are retained for a period of seven years from the date of discharge.

If you have any further questions, **please do not hesitate to call.** Our office hours are Monday through Friday, 8 AM to 4:30 PM (570-563-1112).

Thank you for your cooperation.

Sincerely,

Medical Records Department
Health Information Services