

Patients can now complete and
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Or go directly to
bit.ly/ThomasMedicalRecords

AUTHORIZATION/CONSENT FOR THE RELEASE OF MEDICAL RECORDS

I hereby authorize Thomas Hospitals (Saint Francis Hospital, Thomas Memorial Hospital, and/or Thomas Hospitals Physician Partners) and/or _____ to release the following information from the medical records of

Patient Name _____ Date of Birth _____

Street Address (City/State/Zip) _____ Phone _____

Email Address _____

Treatment Date(s) _____

Information to be released:

Face Sheet	Consultation	Billing	Alcohol and/or	Initial _____
History & Physical	Progress Notes	Films on CD	Substance Use Records	Initial _____
Operative Report	Test Results		HIV Information	Initial _____
Discharge Summary	Emergency Room Record		Psychiatric Records	Initial _____
Other _____				

Information is to be released to: _____

Purpose of release/disclosure: _____

Format Requested: () Paper () Email () CD () Fax (*only applies to other Medical Facilities*)

I understand that this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance of this consent.

Specification of the date, event, or condition upon which this consent expires (**not to exceed six months from the date of signature/execution of consent**). _____

Thomas Hospitals, its employees/agents/officers and attending physicians, are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

Treatment, payment or other benefits may not be conditional upon execution of this authorization. Any protected health information disclosed per this authorization may be re-disclosed by the recipient.

Patient or Representative Signature

Date

Relationship to Patient

Identify Verification

Verified by (Name)

Witness

Date

**There is a fee charged for the retrieval and copying/reproduction of all records.

WVU Medicine Thomas Hospitals - Saint Francis | 333 Laidley Street | Charleston, WV 25301 | Ph: 304.347.6606 | Fax: 304.347.6274

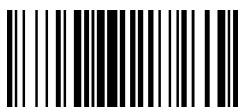
WVU Medicine Thomas Hospitals - Thomas Hospitals Physician Partners | 400 Division Street, Suite 2 | South Charleston, WV 25309 | Ph: 304.347.6606 | Fax: 304.347.6274

WVU Medicine Thomas Hospitals - Thomas Memorial | 4605 MacCorkle Ave., SW | South Charleston, WV 25309 | Ph: 304.347.6606 | Fax: 304.347.6274

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USE LABEL OR PRINT PATIENT ID HERE



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