



Instructions for completing Authorization for Release of Health Information

Patient Information: Complete the entire section which identifies clearly the demographic information specific to the patient (individual who information is being requested for).

Release Information From: Identify which CentraCare Health hospital, clinic, or provider you are seeking information from. Please be specific in your request. Please see www.centracare.com for a listing of all CentraCare hospital and clinic locations.

Release Information To: Identify the full name of individual, business, hospital, clinic, or provider you want to receive your records. Be sure to include their address, phone number and fax number if applicable.

Information to Be Released: This section gives us the instructions for what information you want released. It is very helpful to identify the date or range of dates needed. If you do not have dates noted, only your last hospital encounter or clinic visit at the specific CentraCare Health location you indicated will be released. Only the specific information checked will be released.

Special Disclosure: This section is required per Federal Rule 42 CFR Part 2 to be completed in full to allow CentraCare Health to release Substance Use Disorder records. Even if you have indicated dates in the Information to be Released section, the dates of Substance Use Disorder records to be released is required in this section.

Preferred Method: This tells us how you would like your information provided. We can print the records, burn them to a CD, send them via encrypted email, or release them to your MyChart portal. Note: If your original records are on paper, we are only able to provide them on paper.

Reason for Release: Please identify the reason you need a copy of your records sent. This helps us track and assign a priority status to your request. It also allows us to determine who may be responsible for the cost of records (where applicable).

Authorization: The patient or the Patient's personal representative must sign and date this form. Please also indicate your relationship to the patient and the reason they are unable to sign.

Revocation: This authorization will automatically expire 1 year after your signature unless you indicate another date or event upon which the authorization should expire OR you provide a written revocation to our organization.

Completed and signed forms can be sent to

CCHROI@CentraCare.com

OR

Fax/Mail to the sites listed on the following page

Please include the specific Hospital/clinic/provider on your request and submit completed forms by mail, fax, or email to the HIM department based on the info and locations below.

Central locations

FAX: (320) 255-5739		FAX: (320) 229-5151		FAX: (320) 255-5691	
<i>St. Cloud Hospital</i>	<i>Plaza Clinics</i>	<i>River Campus Clinics</i>	<i>Jail Medicine</i>		
<i>SCH Addiction Services</i>	<i>Behavioral Health Clinics</i>	<i>Albany Clinic</i>	<i>Midsota Plastic Surgery</i>		
<i>Clara's House</i>	<i>Occupational Health</i>	<i>Baxter Clinic</i>	<i>Quick Clinics</i>		
<i>Wound Center</i>	<i>Child Advocacy Center</i>	<i>Becker Clinic</i>	<i>St. John's Clinic</i>		
<i>Home Care/Hospice</i>	<i>Southway Clinic</i>	<i>Big Lake Clinic</i>	<i>St. Joseph Clinic</i>		
	<i>Sartell Clinic</i>	<i>Coordinated Care Clinic</i>	<i>Sleep Center</i>		
	<i>Clearwater Clinic</i>	<i>Eye Clinic</i>	<i>Northway Clinic (Suite 100)</i>		
	<i>Cold Spring Clinic</i>	<i>Urology Clinic</i>	<i>Family Health Clinic (Suite 200)</i>		
	<i>Monticello Hosp. & Clinic</i>	<i>Heart & Vascular</i>			
Mail: CentraCare			EMAIL:		
Attn: Health Information Management			CCHROI@CentraCare.com		
1900 CentraCare Circle			PHONE:		
St. Cloud, MN 56303			(320) 255-5624		

Northwest locations

FAX: (320) 351-1740	
<i>Sauk Centre Clinics and Hospital</i>	<i>Richmond Clinic</i>
<i>Paynesville Clinics and Hospital</i>	<i>Long Prairie Clinics and Hospital</i>
<i>Belgrade Clinic</i>	<i>Eagle Valley Clinic</i>
<i>Eden Valley Clinic</i>	<i>Melrose Clinics and Hospital</i>
Mail: CentraCare	
Attn: Health Information Management	
425 Elm Street N	
Sauk Centre, MN 56378	
EMAIL:	
CCHROI@CentraCare.com	
PHONE:	
(320) 351-1826	

Willmar/Redwood locations

FAX: (320) 231-4833			
<i>Willmar Main Clinic</i>	<i>Willmar Skylark Clinic</i>	<i>Rice Memorial Hospital</i>	<i>Redwood Hospital</i>
<i>Willmar Lakeland Clinic</i>	<i>New London Clinic</i>	<i>Willmar Surgery Center</i>	<i>Redwood Clinic</i>
Mail: CentraCare		EMAIL:	
Attn: Health Information Management		CCHROI@CentraCare.com	
301 Becker Ave SW		PHONE:	
Willmar, MN 56201		(320) 231-5014	

Benson locations

FAX: (320) 843-4003		
<i>Benson Hospital</i>	<i>Benson Clinic</i>	<i>Big Stone Therapy</i>
Mail: CentraCare		EMAIL:
Attn: Health Information Management		CCHROI@CentraCare.com
1815 Wisconsin Ave		PHONE:
Benson, MN 56215		(320) 314-1536