Lawrence General Hospital | Holy Family Hospital
METHUEN | HAVERHILL

Authorization for the Release of Medical Records

LGH Health Information Services
1 General Street
Lawrence, MA 01842-0389

Phone: 978-683-4000 Ext. 2559 or 978-946-8103
Fax: 978- 946-8067
Email: info@lawrencegeneral.org

LGH Medical Record # _____

Patient Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Telephone #: _____ Email:_____

Specific Information to be Disclosed:

☐ Radiology Images (Reports): _____

Treatment Dates: From _____ To _____

Format for Release

☐ CD ☐ Paper

Purpose of Release (check the appropriate box below)

☐ Medical Care ☐ School or Camp
☐ Legal Matter* ☐ Insurance*

☐ Other* – Please Specify: _____

***Note, LGH may apply a fee for these records based on the LGH Notice of Privacy Practices**

Please initial if you authorize release of HIGHLY CONFIDENTIAL INFORMATION in this request:

Initials	High Confidential Information
	HIV/AIDS Testing, Results or Treatment
	Genetic Testing
	Alcohol and/or Drug Use Testing and Treatment
	Mental Health Diagnosis and Treatment
	Social Worker Confidential Communication
	Sexually Transmitted Disease
	Pregnancy and Family Planning
	Rape/Sexual Assault
	Child/Spouse/Elder Abuse and Neglect

I hereby authorize Lawrence General Hospital (LGH) to release any medical information as requested above. I am aware that LGH cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at LGH may or may not protect this information once it has been disclosed to the recipient. This authorization will expire 90 days from the signature date. For more information about the release of medical information, please see the LGH Notice of Privacy Practices.

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Printed Name of Patient or Patient's Representative Relationship to Patient