



Privacy Statement

Protecting your private health information is important to us. It may be necessary for you to go to the hospital or clinic to pick up copies of your health record. To help ensure confidentiality of your health information, you may be asked to sign an “Authorization to Release Medical Information” and be asked for picture identification. This will help us verify that copies are being given to the right individual.

If you send your spouse, significant other, child, in-law, friend or neighbor to pick up copies of your health information, we need a signed “Authorization to Release Medical Information” form signed by you indicating written permission for your family, neighbor or friend to pick up copies of your health care information, prior to their picking up this information. Forms can be obtained from the Health Information Management Department. The individual picking up your health information should also have picture identification.

For any questions or concerns you may have regarding how to pick up copies of your health information or who can pick up copies of your health information, please contact our Health Information Management Department at 794-3571

