Neighborhood Involvement Program - Authorization for Release of Information
Medical, Dental and Mental Health Records

Available through Larson Records Management 651-636-4156

<table>
<tr><td rowspan="4">Patient</td><td colspan="3">Patient name</td><td>Previous Name</td></tr>
<tr><td colspan="3">Street address</td><td>Date of Birth</td></tr>
<tr><td>City</td><td>State</td><td>ZIP code</td><td>Phone #</td></tr>
<tr><td colspan="4">Email address</td></tr>
<tr><td>These are the records I would like to release:</td><td colspan="4">You <u>must write your initials</u> in front of each item you are releasing. <u>You must write “Do Not” in front of each item you do not want released</u>.
For dates of treatment: _____/_____ to _____/_____ (optional)
Only records pertaining to: _____ (optional)
_____ All Medical Records _____ All Dental Records _____All Mental Health Records
_____ Clinic Visit Notes _____ Dental X rays _____ Diagnostic Assessment & Summary
_____ Lab Reports _____ Clinic Visit Notes _____ Treatment Plan
_____ HIV or AIDS Records _____Progress Notes
_____ Psychiatric Records _____ Summary
_____ Other(s)_____ _____ Closing Summary</td></tr>
<tr><td>For the purpose of:</td><td colspan="4">List reason for release of records (i.e. second opinion, insurance change, legal, continued care, personal, etc.)</td></tr>
<tr><td rowspan="3">Release records <u>to</u>:
(Who needs your records?)</td><td colspan="3"><u>Self, clinic or organization:</u></td><td>Phone #</td></tr>
<tr><td colspan="3">Street address (if not printed above)</td><td>FAX #</td></tr>
<tr><td>City</td><td>State</td><td>ZIP Code</td><td></td></tr>
<tr><td>Authorization and Revocation</td><td colspan="4">By completing and signing this form I authorize N.I.P. to release or obtain the information marked above. I understand I need not sign this form in order to assure treatment or payment. I understand that upon release, this health information is no longer protected by N.I.P. Community Clinic and has the potential to be re-disclosed by the recipient. I understand that I may be charged a reasonable cost based fee for my records.

Revocation: I understand that this authorization will be valid for 12 months from the date signed to release any records created up to the date of signature. Any records created after the date of this authorization will require a new authorization. I understand that I may cancel this authorization, by sending a written request for cancellation to N.I.P. Community Clinic, and that the cancellation will take effect when N.I.P. Community Clinic receives my written notice.

Patient signature Date
If other than patient, state relationship and reason patient unable to sign</td></tr>
</table>

1. How to request a record from Larson:

   - Larson email requests go to:
     order@larsonrecords.com

   - Larson mail requests go to:
     Larson Records Management
     2550 Walnut Street
     Roseville, MN 55113

   - FAX requests go to: (651) 621-1470

   - Questions can be directed to Larson at: 651-636-4156

2. How long will it take to get a medical record from Larson?
   - Larson can provide medical records the same day that they are requested

3. How much does it cost to obtain a record from Larson?
   - Larson charges $12.50 for a record. A record is mental health, OR dental, OR medical for EACH person.
   - Larson charges $15 for a clinic record request.
   - Larson will accept cash or credit card for payment at time of patient pick-up. Larson will bill clinics and doctors' offices.

4. Where are records picked up?
   - Pick up records at:
     Larson Records Management
     2550 Walnut Street
     Roseville, MN 55113
     Please use the entrance on the North end of the building. There is a "Larson Records" sign on the glass door. Ring doorbell and you will be assisted shortly.