



Authorization for Use or Disclosure of Medical Record Information from The Toledo Clinic

In order for The Toledo Clinic to disclose your personal medical records you must first fill out and sign a release of information form. If you are requesting charts for a patient other than yourself you will need to provide documentation supporting that you are authorized to sign for that patient. We have four different forms here at The Toledo Clinic; the following is an explanation of what each form is and when you would need to fill them out.

Authorization For Use or Disclosure of Medical Record Information

This form is our standard medical records release and if filled out properly will allow us to release all your medical records **EXCEPT** for HIV, Mental Health or Psychotherapy Notes, Substance Abuse Notes.

You only need to fill out the following release forms if you want HIV, Mental Health or Psychotherapy Notes or Substance Abuse Notes disclosed along with the standard medical records.

Authorization For Use or Disclosure of HIV Testing Information

This form would only be filled out if you have had HIV testing and would like that information to be released. HIV testing **is not** covered under our standard medical records release so in order for us to disclose HIV testing information you would need to fill this form out.

Authorization For Use or Disclosure of Mental Health of Psychotherapy Notes/Information Record Information

This form would only be filled out if you have had any mental health or psychotherapy treatment and would like that information to be released. Mental health or psychotherapy treatment **is not** covered under our standard medical records release so in order for us to disclose mental health or psychotherapy treatment information you would need to fill this form out.

Authorization For Use or Disclosure of Substance Abuse Notes/Record Information

This form would only be filled out if you have had any substance abuse treatment and would like that information to be released. Substance abuse treatment **is not** covered under our standard medical records release so in order for us to disclose substance abuse treatment information you would need to fill this form out.

Please mail completed forms to:

The Toledo Clinic
4235 Secor Road
Toledo, Ohio 43623
Attn: Medical Records

Or fax completed forms to:

419.214.1979

If you have any questions please call the Medical Records Department at: 419.479.5930