



Dear Patient,

Enclosed are two authorizations to release records from Cherokee Health Systems and/or Resurrection Health, one for medical/health records and one for mental/behavioral records. Due to the sensitive nature and more stringent requirements for the release of mental/behavioral health records, Cherokee Health Systems requires a separate release for the release of such records. Please review both authorizations and complete the appropriate one for the records you need released. If both health records and behavioral records are needed, please complete both authorizations. Completed authorizations must be sent **to the facility only**. Sending completed authorizations directly to MediCopy may cause a delay in the fulfillment of your request.

***In order to prevent delays in processing your request, please make sure that the correct form(s) are completed and all fields are completed entirely and clearly.

If you have any questions or would like a status update on your request, please call our toll free number at 866.587.6274, and we will be happy to assist you.

Best Regards,
MediCopy Services, Inc.

MediCopy Services, Inc. *simple. secure. solutions.*
866.587.MCSI • www.medicopy.net



Authorization for the Release of Mental Health Records
Cherokee Health Systems and/or Resurrection Health

What Location/Doctor are you requesting records from?

Facility/Dr. Name: _____

Tell us about the patient.

Name: _____ DOB: _____ SSN: XXX-XX-_____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

Where are we sending the records?

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

What would you like released?

Specific Categories

- All Mental Health Records Dates: From: _____ To: _____
- Other (Please Specify) _____

Why are we sending the records?

Purpose of Disclosure

- Personal Use Litigation/Legal Disability Insurance
- Coordination of Care Transfer of Care

How would you like the records sent?

***Records transferred to another doctor/medical facility are sent at no charge.**

*****For all other purposes, you may be charged a reasonable fee for reproducing medical records per HIPAA 45 CFR 164.524.**

Fees are non-refundable once services are rendered. Payment is due on receipt of invoice.***

Fee Schedule (If Applicable) and Delivery Method*

- Email **FREE** Fax **FREE** Mailed on Disc **\$6.50**
- Mailed on Paper Under 80 pages: **FREE** 80+ Pages: **\$0.03/pg (page 1+) + \$6.00 postage**

Patient's Signature

I hereby certify that I am of at least 16 years of age and I authorize Medi-Copy and its affiliates to release/disclose information regarding a patient under Title 33 of Tennessee Code Annotated to the above-named person(s) or organization in Section 2. All medical records requested, including any specially protected records such as psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia or HIV infection, are to be included *unless otherwise noted*. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the recipient on this request and will no longer be protected by federal regulations.

Patient's/Authorized Rep of Patient's Signature: _____

Date: _____

Relationship to Patient: _____