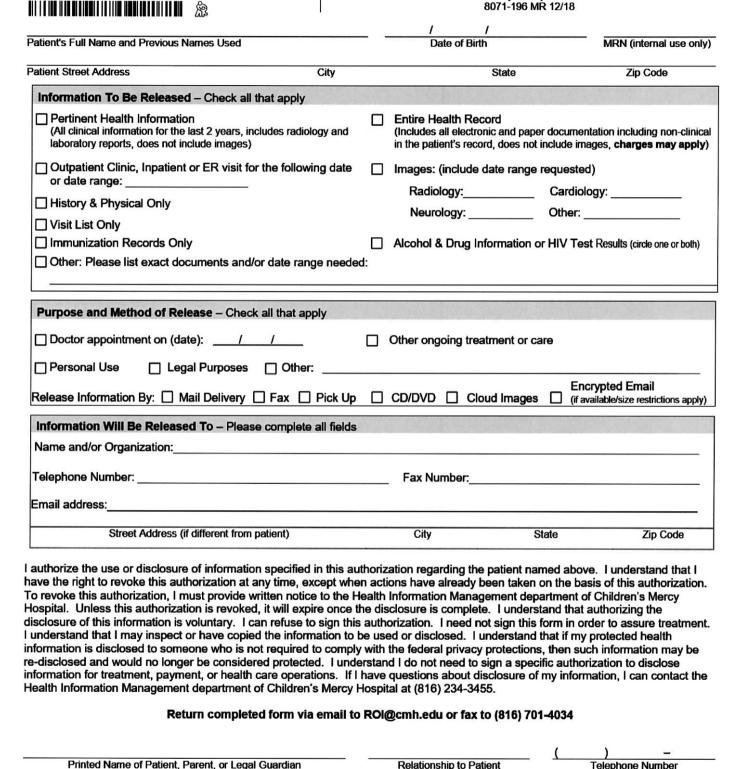
Authorization for Release of Medical Information by The Children's Mercy Hospital

(Front) 8071-196 MR 12/18



(See Reverse Side)

City

State

Zip Code

Signature of Patient, Parent, or Legal Guardian

Street Address (if different from patient)

Children's Mercy Authorization for Release of Medical Information by The Children's Mercy Hospital (Back) 8071-196 MR 12/18

Individuals may request to receive their medical record and other protected health information (PHI), or direct the PHI to a third party, by alternative means, including without encryption. An unencrypted format is at risk for interception or access by an unintended person. Children's Mercy is not responsible for disclosure of PHI sent or stored in an unsecured manner at the individual's request, or for safeguarding the information once delivered.

Please sign below to request records in an unencrypted format. transmitting and storing PHI without encryption.	Your signature indicates that you	understand and accept the risks of
Printed Name of Patient, Parent, or Legal Guardian	Relationship to Patient	() – Telephone Number
Signature of Patient, Parent, or Legal Guardian		// Date
Staff Use Only		
Released by	Date:	
Return to HIM via email ROI@cn	nh.edu, fax 816-701-4034 or inter-c	office mail.