

ME OF INDIVIDUAL (PRINT)			DATE OF	BIRTH		DATE
PRESS		Спү		STATE	ZIP CODE	PHONE NUMBER
eby authorize Baton Rouge General Medical	Center	to use and/or disclose the inform	nation chec	ked and	/ I/or listed be	low for the time period begi
						p
/	e		Date			
Billing Statements	<u></u> ι	ab Reports (including alcoho	l or drug		☐ Psych	Eval based on testing
Care Plans	S	screening, if any)			materi	al
Complete Health Care Record(s)		Marketing (explain):			□ Verbal	Reports
Consultation Reports	_				☐ X-Ray	Reports
Dental Records	□ 1	Nurses' Notes			Other:	
Diagnoses (including those relating to		Operative Reports				
alcohol, drug abuse, mental health,	□ F	Pathology Reports			□ Other:	
AIDS or HIV status, if any)	□ F	Photographs, Video Tapes, Di	gital, or o	ther		
Discharge Status		mages			Other:	
ER Department Record		Physician Orders				
Genetic Testing		Physician's Progress Notes / I	ntegrated			
History and Physical Examination		Progress Notes	J			
,		Psychosocial Assessment				
	-L					
nformation is to be released to					10	r the following purpose(s):
Continuation of Treatment		Processing	of Insurar	ce Clair	m	
Application of Insurance		☐ Attorney (N	ame)			
At the Individual's Request						
Other (specify):						
Release Records Electronically?	☐ Yes	i □ No				
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