

## INSTRUCTIONS ON HOW TO COMPLETE AN AUTHORIZATION TO RELEASE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

**All fields on the Authorization to Release and Disclose Protected Health Information (PHI) form must be completed for your request to be processed.**

1. **Patient Information:** Print patient’s name, address, date of birth, & contact phone number. (Email is optional).
2. **Who has the information being requested:** Check the facility **from** which you would like the records released. If only a specific provider or clinic is needed, please list that information on the Provider/Clinic line, along with checking the specific facility. If the facility is not listed, please specify the facility in the Other line.
 

CHANS Home Health & Hospice	Franklin Memorial Hospital	LincolnHealth
Maine Behavioral Healthcare	Maine Health Care at Home	Maine Medical Center
Memorial Hospital	Mid Coast Hospital	Pen Bay Medical Center
Southern Maine Health Care	Spring Harbor Hospital	Stephens Memorial Hospital
Waldo County General Hospital		
3. **Release Information To (Name and Address):** Enter the name and address of whom you would like the records sent. The full address and name are **required**, regardless of how the records will be received (picked-up, faxed, etc.) for verification purposes.
4. **Section regarding Mental Health, Alcohol or Drug Abuse, and HIV test results:** Complete **ONLY** if the records being requested contain this information and you **do not** want this information to be released as part of this specific request.
5. **Disclosure Format:** How would you like to receive the information? In what format would you like to receive this information? Options include Paper, CD, Flash-drive, etc.
6. **Purpose of the Release:** Enter the **reason** you are requesting the records to be released. **Example:** Personal, legal, insurance, etc.
7. **Date(s) of Service and Information to be released:** Please list dates of service requested, if exact date is not known, please provide a date range that you had treatment and that you want released. Specify **what** information to be released. Please check **all** that apply.
 

**NOTE:** All disclosures based on the Authorization to Release and Disclose Protected Health Information (PHI) are limited to records existing at the time the form is signed.

### 8. Sign and Date

**NOTE:** If you are requesting records to go to multiple places and/or persons, an Authorization to Release and Disclose Protected Health Information (PHI) form must be completed for **each** place/person the records are to be sent.

## MaineHealth Health Information Management Contact Information

### **CHANS Home Health & Hospice**

#### **Mid Coast Hospital**

301C US Route 1  
Scarborough, ME 04074  
Phone: (207) 662-2211  
Fax: (207) 761-3092  
Email: [MHmedicalrecords@mainehealth.org](mailto:MHmedicalrecords@mainehealth.org)

### **LincolnHealth**

35 Miles Street  
Damariscotta, ME 04543  
Phone: (207) 563-4505  
Fax: (207) 563-4380  
Email: [lhhimcustomerservice@lchcare.org](mailto:lhhimcustomerservice@lchcare.org)

### **Maine Health Care at Home**

15 Industrial Park Rd  
Saco, ME 04072

### **Memorial Hospital**

3073 White Mountain Highway  
North Conway, NH 03860  
Phone: (603) 356-0646  
Fax: (207) 661-8900  
Email: [memorialhim@memorialhospitalnh.org](mailto:memorialhim@memorialhospitalnh.org)

### **Stephens Memorial Hospital**

181 Main Street  
Norway, ME 04268  
Phone: (207) 743-1562  
Fax: (207) 661-8070  
Email: [wmhhim@wmhc.org](mailto:wmhhim@wmhc.org)

### **Franklin Memorial Hospital**

111 Franklin Health Commons  
Farmington, ME 04938  
Phone: (207) 779-2330  
Fax: (207) 779-2629  
Email: [FCHNHIM@fchn.org](mailto:FCHNHIM@fchn.org)

### **Maine Behavioral Healthcare**

#### **Spring Harbor Hospital**

123 Andover Rd  
Westbrook ME 04092  
Phone: (207) 661-6363  
Fax: (207) 774-6762  
Email: [MBH\\_HIM@mainebehavioralhealthcare.org](mailto:MBH_HIM@mainebehavioralhealthcare.org)

### **Maine Medical Center**

#### **Southern Maine Health Care**

301C US Route 1  
Scarborough, ME 04074  
Phone: (207) 662-2211  
Fax: (207) 761-3092  
Email: [MHmedicalrecords@mainehealth.org](mailto:MHmedicalrecords@mainehealth.org)

### **Pen Bay Medical Center**

6 Glen Cove Drive  
Rockport, ME 04856  
Phone: (207) 301-8240  
Fax: (207) 301-5294  
Email: [Himcustomerservice@pbmc.org](mailto:Himcustomerservice@pbmc.org)

### **Waldo County General Hospital**

118 Northport Ave  
PO Box 287  
Belfast, ME 04915  
Phone: (207) 505-4371  
Fax: (207) 505-4482  
Email: [waldo\\_him@wcgh.org](mailto:waldo_him@wcgh.org)

Please mail, fax, or email (if available) the completed release form to your Health Information Management Department listed above. Contact your Health Information Management Department with questions.

**THANK YOU!**