Nashoba Associated Boards of Health

Mail or Fax Release Form To:
NABH
ATTN: Release of Records
30 Central Avenue
Ayer, MA 01432
Fax: 978-772-4947
For questions, contact: 978-772-3335

Authorization for Release of Protected or Privileged Health Information

Please print all information clearly in order to process your request in a timely manner.

A. Patient information

Patient Name: _____ Date of Birth: _____

Medical Record #: _____

Address: Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone #: _____

B. Permission to share: I give my permission to share my protected health information.

Records from:

NASHOBA NURSING SERVICE & HOSPICE

DATES OF SERVICE: _____

Purpose: (check the appropriate box)

☐ Medical Care
☐ Insurance
☐ Legal
☐ Personal
☐ School
☐ Other (please specify)

Send records to (Enter where you would like NABH to send your information to):

☐ Check here if the records are to be mailed to the patient at the above address (section A), otherwise complete the information below:

Name: _____

Address: _____

_____

Telephone Number: _____

Send by: Payment is required with form

☐ Electronic via USB Drive (**CALL FOR PRICE**)
☐ Secure Email (No cost)
Email Address: _____
☐ Fax ($0.05/page) $_____
Provide fax number: _____
☐ Paper Copy via Mail Cost = **CALL FOR PRICE**

C. I understand and agree that:

- NABH cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at NABH may or may not protect this information once it has been released to the recipient.
- This authorization is voluntary.

Patient's Signature: _____ **Date**: _____
When patient is not competent to give consent, the signature of a guardian, or other legal representative is required.

Signature of Legal Representative: _____ **Date**: _____

Print Name: _____ **Relationship of representative to patient**: _____

For Internal Use Only: Information Released/Reviewed By: _____ Date: _____

Picked up by: Pick-up Identification: ☐ License ☐ State ID ☐ Passport ☐ Other Photo ID _____