



SIERRA TUCSON
MEDICAL RECORDS DEPARTMENT

Attached is the Authorization which you requested and which we require.
For faster service, we ask that the **patient** do the following:

1. Complete the identification section (top portion of authorization form) by providing the patient's name and date of birth.
2. Complete the receiver's name, address, city, state, zip code, phone number, fax number and email address (if known).
3. Initial what information you are authorizing to be released.
4. Complete the purpose for requesting the information to be released.
5. **PLEASE NOTE THE AREA WHICH HAS ALCOHOL, DRUG, HIV TESTING AND MENTAL HEALTH SECTION. This area has changed and must be addressed by a yes or no as well as the dates (generally patients will want admit to discharge dates).**
6. The authorization is valid only if received within 60 days of being signed. The authorization will expire at the time of disclosure or on date specified (date cannot be more than 180 days after date signed)
7. Authorization must be dated and signed by patient and witnessed as well (by an adult).
8. **After faxing or emailing the release**

**Sierra Tucson, Attn: Clinical Records Department
39580 S. Lago del Oro Parkway
Tucson, Arizona 85739.**

Our fax number is 520-818-5897.

Our Email is TUC-medicalrecords@sierratucson.com

If any of the above items are not completed, the Authorization will be mailed back to you for completion, thus delaying the processing of your clinical records.

Please Note: If you would like copies from the record, for other than continuing care purposes there is a copying fee. We will not know how much the total is until we receive the release form.

If you have any questions regarding how to fill out our Authorization form, please call our Clinical Records Department at (800) 624-9001 or our direct line (520) 257-1278.

Thank you for your cooperation,
Sierra Tucson Clinical Records