



## **Authorization Instructions**

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

<b>Facility</b>	1. Checkmark the facility to obtain records from (i.e. <input type="checkbox"/> Tucson <input type="checkbox"/> Scottsdale <input type="checkbox"/> Southlake )
<b>Patient Info</b>	2. Complete the Patient Info section by providing the patient's name, date of birth, address, phone number, and email address.
<b>Release to/Delivery Method</b>	3. Indicate the receiver's name, address, city, state, zip code, phone number, fax number, and email address. Please make sure to select your preferred delivery method.
<b>Information to Release</b>	4. Initial or (X) what information you are authorizing to be released. "All Records" will not be accepted.
<b>Purpose</b>	5. Complete the purpose for requesting the information to be released.
<b>Disclaimers</b>	6. Authorization must be dated and signed by the patient. 7. 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).
<b>Contact</b>	Our Contact Information to return completed form is: Fax Number: 520-818-5897 Email: <a href="mailto:TUC-HIM@sierratucson.com">TUC-HIM@sierratucson.com</a> Address: Sierra Tucson Attn: Medical Records Department 39580 S. Lago Del Oro Parkway Tucson, AZ 85739

If any of the above items are not completed, the Authorization will be sent back to you for completion, thus delaying the processing of your medical records. Pertinent Records are complimentary for personal use.

There is a \$6.50 fee for all other records.

**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.**