





*(continued from front)*

After my health information is released, my information may be re-disclosed by the recipient and may no longer be protected by law. The recipient of my health information may be charged for the service of releasing medical information as per Ohio Revised Code 3701.741. There is no charge to send records directly to my health care provider for continuing care purposes.

**If Authorization is not complete, signed and dated, it may be returned and result in my information not being released until completed.**

**I understand that The MetroHealth System cannot condition my treatment or payment for health care on this Authorization unless the treatment is research-related or the care was provided solely to provide information for a third party.**

\_\_\_\_\_/ \_\_\_\_\_  
*Signature of Patient/Patient's Personal Representative\*\*      Printed Name      Date Signed*

\_\_\_\_\_  
*Relationship, if not Patient*

*\*Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical records.*

*\*If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative **MUST** accompany the request (e.g., court appointed guardian, durable power of attorney for health care). Exception: parent signing for a patient under the age of eighteen.*

*\*For a deceased patient, a court entry or order appointing a fiduciary, executor, or administrator, or letters of appointment received from Probate Court must accompany an authorization signed by the named individual. If the estate has not been probated, a death certificate is required to be submitted with the documents naming the administrator or executor of the estate.*

**Submit request to one of the following:**

1. The MetroHealth System  
Health Information Management Department – G-108  
2500 MetroHealth Drive  
Cleveland, Ohio 44109
2. Fax: (216) 778-2413
3. Additional Authorization Forms and Ohio fee schedule for medical record copies can be found at: <https://www.metrohealth.org/requesting-copies-of-medical-records> or call the Release of Information Office (216) 778-4252