



Authorization for Release of Medical Records

Morning Star Birth Center, Inc
Morning Star Health Associates, Inc
Morning Star Birth Services, LLC

Morning Star Admin Office:

E4617 473rd Ave, Menomonie, WI 54751
Phone 715-231-3100
Fax 1.866.226.8117

COMPLETE FORM CAREFULLY AND THOROUGHLY. USE SEPARATE FORM FOR NEWBORN RECORDS.

Client Name: _____ DOB: _____ Email Address: _____

Previous/Maiden Name: _____ Telephone: _____

Birth Center that the records are to be released FROM: (Choose One)

- Morning Star Women's Health and Birth Center at 6111 Excelsior Blvd, St. Louis Park, MN 55416
Morning Star Women's Health and Birth Center at 321 13th St. SE, Menomonie, WI 54751
Morning Star Women's Health and Birth Center at 1730 E. Superior St., Duluth, MN 55812

Records released TO:

Individual, Facility or Company Name: _____
Complete Address: _____
Fax Number: _____

Information to be released is: (Please check ALL that apply)

- Office Visit(s) Date(s) of Service: _____
Clinic Notes Prenatal Record Radiology reports Growth & Development
Immunizations Lab report/pathology Medications Work restriction form
Birth Center Stay(s) Date(s) of Service: _____
Discharge Summary Pathology report Ultrasound reports Physical Therapy
History and Physical Lab reports Consultation L&D Record
Other (specify): _____

I authorized the release of information relating to:
Mental, Behavioral, Psychological health and treatment
HIV testing, results, treatment (AIDS information)

Purpose for Disclosure:
Continued Medical Care Insurance Personal
Transfer of Medical Care Legal Other: _____

Expiration Date: This authorization will expire in one year unless otherwise specified: _____ (Date or event)

I specifically authorize the release of my medical information that is created after the date of my signature.

By signing this authorization I understand the following conditions apply: I have the right to revoke this authorization in writing. I must present my written revocation to the Director or Office Administrator at Morning Star Women's Health and Birth Center. I understand that the revocation will not apply to information that has already been released prior to the written revocation. The revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim. The facility cannot condition treatment on whether I sign this authorization. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal privacy rules. Authorizing the disclosure of this health information is voluntary and I may refuse to sign the authorization. I have the right to request a copy of this authorization. A copy of this authorization is as valid as the original.

Signature of Patient or Legal Representative Relationship to Patient Date

If signing for a minor patient, I hereby state that my parental rights have not been revoked by a court of law.
Reason patient is unable to sign: Minor Incompetent Deceased

Morning Star reserves the right to charge for the copying of medical records.

Staff Use Only

Verification of Identity: _____ (Drivers license, SS#) _____ (Staff verifying ID when releasing copies)
Information Released by: _____ Date: _____ Number of Pages: _____