For patient privacy reasons, in accordance with the HIPAA law, NDH requires a written authorization for all release of information requests.

When filling out the “Authorization for Release of Medical Information” form, please print as clearly and legibly as possible.

Each component on the Authorization should be filled out in its entirety to include:
- Patient’s First and Last Name; Date of Birth, Address and Phone Number
- Complete Address of the individual or facility where the records are being released to.
- An explanation of what records are being requested, from what dates of service. (If exact date is unknown: date range or month and year are acceptable).
- Reason for Release of Information
- Signature of patient, printed name and date

By filling out the form completely you will insure that your request will be processed and not returned to you in order to obtain the missing information.

In most cases the authorization must be signed by the patient, or parent in the case of a minor. There are some exceptions, but this should be discussed with the HIM department.

Once the authorization form is received by the HIM department the request is processed within 7 to 10 business days after discharge. We understand that there are some circumstances that require the request to be processed sooner. This should be discussed with the HIM department.

Please note that there may be processing and postage fees associated with the request for which you will receive an invoice from our copy service, CIOX (IOD).

If there are any questions regarding the Release of Information Policy, the Authorization for Release of Medical Information form, or this Informational Sheet, please contact the HIM department at 845-871-3305 or direct extension 23305.