

PLEASE COMPLETE FORM
BRING TO PROCEDURE

PENNSTATE

Milton S. Hershey Medical Center
College of Medicine

USE BLACK INK ONLY
OR Blue

**AUTHORIZATION FOR ACCESS TO PENN STATE MILTON S. HERSHEY
MEDICAL CENTER ELECTRONIC MEDICAL RECORDS (Exhibit B)**

Health Information Services, HU-24, P.O. Box 850, Hershey, Pennsylvania 17033-0850

Name of Patient _____

Date of birth ____/____/____ HMC Medical Record No. _____ Phone # () _____ - _____

**THIS AUTHORIZATION WILL NOT BE ACCEPTED UNLESS ALL ITEMS ARE COMPLETED.
THE INFORMATION BEING VIEWED MAY INCLUDE HIV/AIDS, DRUG/ALCOHOL ABUSE & MENTAL
HEALTH DATA.**

**I HEREBY AUTHORIZE PENN STATE MILTON S. HERSHEY MEDICAL CENTER TO GIVE ACCESS TO MY COMPLETE
ELECTRONIC MEDICAL RECORD TO**

HERSHEY ENDOSCOPY
905 W GOVERNOR RD
(Name of physician or caregiver)
SUITE 100
HERSHEY, PA 17033

(Street) (City) (State) (Zip Code)

You may revoke this authorization at any time except to the extent that the Penn State Milton S. Hershey Medical Center has relied upon your authorization to permit access to your records. If you wish to revoke this authorization, you must do so in writing to the address at the top of this form, to the attention of the Privacy Officer. If not previously revoked, this authorization will expire upon the termination of your physician-patient relationship with the physician identified above. Failure to sign this form will not impact your right to receive care at Penn State Milton S. Hershey Medical Center.

I hereby release the Penn State Milton S. Hershey Medical Center from any legal responsibility or liability in connection with access to my electronic medical records.

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Signature of Patient or Representative

Date

(Relationship if signed by other than Patient)

Witnessed - MUST BE SIGNED

PHONE

Note to recipient of information: This information has been disclosed to you from the records protected by Pennsylvania Law. Pennsylvania Law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.

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