

Name (First, Middle, Last)		Cleveland Clinic Akron General Medical Record # if known	
Current Address		City	State Zip
Last 4 Digits Social Security #	Email	Phone Number ()	Date of Birth / /

2. Release Information From (check all that apply):

- ☐ Cleveland Clinic Akron General OR ☐ Specify Cleveland Clinic Facility(ies):
☐ Lodi Community Hospital OR ☐ Edwin Shaw Rehabilitation Institute

NOTE: I hereby authorize the above (check all that apply) to use or disclose my personal health information as described below to:

3. Release Information To:

Name of Recipient			
Address		City	State Zip
Phone Number: ()		Fax Number: ()	
Check delivery option desired: ☐ Release Information to MyChart Account (large requests may need to be delivered via alternate option selected below) ☐ Paper ☐ Secure electronic delivery (provide recipient's email)			

Purpose for Disclosure:

(Purpose for disclosure must be completed prior to processing, e.g. continuing care, personal use, legal)

Dates of Service to Release (FROM): (TO):

- | | | |
|---|--|---|
| ☐ Office Notes | ☐ Cardiac Reports | ☐ Radiation Oncology Records |
| ☐ Emergency Department Reports | ☐ Laboratory Reports | ☐ Photo(s) |
| ☐ Discharge Summary | ☐ Radiology Reports | ☐ Video(s) |
| ☐ Operative Reports | ☐ Physical/Occupational Therapy Reports | |
| ☐ History & Physical | ☐ Homecare Records | ☐ Other: _____ |

For itemized billing, please visit <https://www.gethospitallbill.com> or please call, 866-621-6385.

I, the undersigned, authorize Cleveland Clinic Akron General to release health information as indicated/described above. I understand and acknowledge that the requested health information may contain information regarding physical and mental illness, HIV test results or diagnosis, treatment of AIDS/AIDS- related conditions and/or alcohol/drug abuse. ***This authorization does not include permission to release outpatient Psychotherapy Notes as defined below. *Release of Psychotherapy Notes requires a separate authorization.**

This authorization and consent will expire one year from the date of authorization written below, unless revoked by me (or my legal representative) through written notice presented to Health Information Management (see contact information below). Any revocation will not apply to information that has already been released in response to this authorization. I understand that treatment, payment, enrollment or eligibility for benefits will not be based on whether or not I sign this authorization.

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 for releasing medical information. There is no charge to send records directly to my health care provider.

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

_____/_____/_____ Signature of Patient/Patient's Personal Representative**	_____ Printed Name	_____/_____/_____ Date Signed
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Relationship, if not patient

*Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the result 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 the Following:

(1) Health Information Management/Medical Records Department
 1 Akron General Ave.
 Akron, Ohio 44307

(2) Fax: 216-636-9396
 Questions? 330-344-6320

Revised 9/11/2026