Timothy Collins, MD
Coroner

Steven Clanton
Chief Deputy Coroner

State of Louisiana

Office of the Coroner ⚜ Parish of Natchitoches

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Identification

Printed Name: _____ Date of Birth: _____

Address: _____

_____

Social Security #:_____ Telephone: (_____)_____

Information To Be Released – Covering the Periods of Health Care

From (date) _____ to (date) _____

***Please check type of information to be released*:**

☐ Coroner Emergency Certificate	☐ Order of Protective Custody

☐Other, (specify):_____

Purpose of Request

☐ Treatment or Consultation	☐ At the request of the Patient	☐ Other

☐Other (specify) _____

Who and Where to Send / Release Information

Name: _____

Address: _____

_____

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the Office of the Coroner, Parish of Natchitoches, P.O. Box 1128, Natchitoches, LA 71458. Unless revoked, this authorization will expire on the following date or event or 180 days from the date of signature.

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Who May Request Disclosure

I understand that I do not have to sign this authorization, I can inspect or copy the protected health information to be used or disclosed.

I authorize the Office of the Coroner, Parish of Natchitoches, to release the protected health information specified above.

Signature: _____Date:_____

Authority to Sign if not patient: _____

Identity of Requestor Verified via**:** ☐ **Photo ID** ☐ **Matching Signature** ☐ **Other, specify**_____

Verified by: _____