INSTRUCTIONS:
How to use the “Permission to Send Health Information to Dartmouth Health” form

This form should be used when you want your healthcare provider to send your medical records to Dartmouth Health. If you want Dartmouth Health to send your medical records to another healthcare provider or other third party, please use the “Permission to Share Patient Health Information” authorization form. You can find the form at: http://www.dartmouth-hitchcock.org/medical-information/medical_records_release_forms.html

Please note that sending a healthcare provider’s office notes may have additional requirements for authorizing records to be released to Dartmouth Health.

PATIENT INFORMATION
Complete each box as indicated with the following information:
- Patient’s name (please print clearly)
- Patient’s date of birth
- Patient/Personal Representative’s phone number
- Patient’s mailing address, including City, State, and Zip Code

SENDER
Please fill in which healthcare provider/facility you are authorizing to send your medical records to Dartmouth-Hitchcock including:
- Provider/facility name
- Mailing address including Street, City, State, and Zip Code
- Fax number for the healthcare provider/facility

RECIPIENT
Check the Dartmouth Health location where you would like your information sent. You may check multiple locations. If you would like your records to be sent to a specific healthcare provider at Dartmouth Health, please fill in the appropriate provider’s name or department/section (e.g., Pediatrics, Orthopaedics, etc.).

HEALTH INFORMATION TO BE SHARED
Fill in the date range that applies to the health information you are requesting to be sent to Dartmouth Health.

Check the box(es) that describe the information you are requesting to be sent to Dartmouth Health.
- For multi-provider group practices, you can indicate you want to have records sent from only a specific provider by checking the “Records from a specific provider” box and filling in the relevant provider’s name.

Fill in a description of the purpose of the requested records. Examples: Transfer to new provider, facilitate treatment, summarize treatment, etc. This section must be completed in order for the form to be valid.

SENSITIVE HEALTH INFORMATION
Depending on the state where your healthcare provider practices, additional laws and/or signature requirements may apply to releases of “sensitive” categories of health information. If you do not place your initials in the spaces provided, the healthcare provider may release such sensitive information as necessary to fulfill your request.

DURATION & REVOCATION
Your authorization will remain valid for one year from the date of your signature, unless you specify a different date in the space provided. You have the right to revoke your permission at any time. Note that your revocation will not apply to any previously released information. Please revoke by following the directions in the healthcare provider’s Notice of Privacy Practices, or call the provider’s office where your records are located.

ADDITIONAL INFORMATION
Please read this section on the form. Please fill in the blank space with the sending healthcare provider’s name.

SIGNATURE
Sign and date the authorization. Patients between the ages of 12 and 17 may be required to sign the form in addition to their parent/legal guardian, depending on the type of care received. This will be determined by the sending healthcare provider’s protocol.

If you are not the patient, describe your relationship and legal authority to sign on behalf of the patient. In some cases, you may be required to provide legal paperwork verifying your legal authority (e.g., court-appointed guardian, power of attorney for health care).

Check with the sending healthcare provider’s office regarding these requirements.

Alice Peck Day
Health Information Services
10 Alice Peck Day Dr.
Lebanon NH 03766
Ph: (603) 308-0026
Fax: (603) 640-1970
Email: medicalrecords@apdmh.org

Cheshire Medical Center
HIM Department
590 Court St.
Keene, NH 03431
Ph: (603) 354-5477
Fax: (603) 354-6530
Email: cmcrio@cheshire-med.com

Concord - DH
Health Information Services
253 Pleasant St.
Concord, NH 03301
Ph: (603) 229-5145
Fax: (603) 676-4394
Email: DH-ROI@hitchcock.org

Dartmouth Hitchcock Medical Center
Release of Information
1 Medical Center Dr.
Lebanon, NH 03756
Ph: (603) 650-7110
Fax: (603) 727-7869
Email: Lebanon.Release.of.Information@hitchcock.org

Hanover Psychiatry
23 S. Main St., Ste. 2B
Hanover, NH 03755
Ph: (603) 277-9110
Fax: (603) 277-9154

Manchester - DH
Health Information Services
100 Hitchcock Way
Manchester, NH 03104
Ph: (603) 695-2820
Fax: (603) 676-4290
Email: DH-ROI@hitchcock.org

Nashua - DH
Health Information Services
2300 Southwood Dr.
Nashua, NH 03063
Ph: (603) 577-4037
Fax: (603) 727-7855
Email: DH-ROI@hitchcock.org

New London Hospital
Release of Information
273 County Rd.
New London, NH 03257
Ph: (603) 526-5247
Fax: (603) 526-5051

Visiting Nurse and Hospice for VT/NH
Release of Information
1 Medical Center Dr.
Lebanon, NH 03756
Ph: (603) 650-7110
Fax: (603) 727-7869
Email: Lebanon.Release.of.Information@hitchcock.org