



Authorization for Verbal Release of Medical Information/Billing Information

I authorize ACMC to release medical information/billing information:

Patient name

Date of birth

I authorize ACMC to verbally disclose medical information/billing information to the individuals listed below.

I agree to the verbal release of information from past, current, or future visits in order to allow the individuals listed below to participate in my care.

I agree that a photocopy of this authorization will be treated in the same manner as the original.

Information related to Mental Health, Chemical Dependency, or HIV testing and/or therapy will only be released to the patient.

Name of individual	Relation to patient	Information to be disclosed

This authorization will remain in affect a maximum of one year from the date of signature and may be cancelled by me in writing at any time. To cancel or revoke this authorization, I will forward a written notice to Health Information/Medical Record – ACMC, 101 Willmar Avenue SW, Willmar, MN 56201.

This information once released will no longer be protected under the Federal Privacy Laws.

Signature of patient/guardian

Date

Relationship to patient

Witness if patient is unable to sign

Date

Reason patient is unable to sign

All items on this form must be completed to ensure accurate disclosure of information. If the form is incomplete, it will be returned and no medical information/billing information will be disclosed until it is properly completed.

ACMC-Benson

1805 Wisconsin Avenue | Benson, MN 56215
Phone: (320) 843-2030 | Fax: (320) 314-1506

ACMC-Granite Falls

295 Tenth Avenue | Granite Falls, MN 56241
Phone: (320) 564- 2511 | Fax: (320) 313-4024

ACMC-Hancock

668 Atlantic Avenue | Hancock, MN 56244
Phone: (320) 392-5247 | Fax: (320) 314-1506

ACMC-Litchfield East

611 South Sibley Avenue | Litchfield, MN 55355
Phone: (320) 693-3233 | Fax: (320) 373-3191

ACMC-Litchfield West

520 South Sibley Avenue | Litchfield, MN 55355
Phone: (320) 693-3233 | Fax: (320) 693-3290

ACMC-Marshall Bruce Street Clinic

300 South Bruce Street | Marshall, MN 56258
Phone: (507) 532-9631 | Fax: (507) 532-1905

ACMC-Marshall Market Street Clinic

1420 East College Drive | Marshall, MN 56258
Phone: (507) 532-9631 | Fax: (507) 532-1176

ACMC-New London/Spicer

600 Peterson Parkway | New London, MN 56273
Phone: (320) 354-2222 | Fax: (320) 354-2274

ACMC-Redwood Falls

1100 East Broadway | Redwood Falls, MN 56283
Phone: (507) 637-2985 | Fax: (507) 697-6666

ACMC-Willmar Main Clinic and Corporate Office

101 Willmar Avenue SW | Willmar, MN 56201
Phone: (320) 231-5000 | Fax: (320) 231-5067

ACMC-Willmar Skylark Center

1604 South First Street | Willmar, MN 56201
Phone: (320) 231-5000 | Fax: (320) 214-6147