

South Lake Minnetonka Police Department

24150 Smithtown Road
Shorewood, Minnesota 55331

Mike Meehan
Chief of Police

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

RE: _____ Birthdate: _____
(Patient's Name)

I authorize _____
(Name of Facility)

to release to

(Name of person/organization/e-mail and mailing address)

information from the medical record maintained while I was a patient at the above facility during:

(Dates of hospitalization)

and/or for the medical condition of _____
(Specify illness or injury)

The information to be disclosed is:

- | | |
|---|--|
| _____ Discharge Summary | _____ Lab Reports |
| _____ Consultation | _____ Pathology |
| _____ History and Physical | _____ Emergency Room Report |
| _____ Operative Report | _____ Medications |
| _____ X-ray Reports | _____ Progress / Clinic Notes / Care Plans |
| _____ Any other information relevant to the investigation | |

This information is needed for the purposes of _____

Date

Signature of patient, parent or guardian