**Instructions on how to complete the NIH Authorization for the Release of Medical Information (NIH-527) form**

*All fields on this form are required*

**Identifying Information:**
- Patient Name
- Phone Number
- Birth Date

**Check Boxes — Only applicable for Outside Care Provider(s)**

Only outside care providers may have permanent authorization. Family members, friends, and acquaintances are not permitted.

**Date Range:**
Specify the start and end date range of records you want to be released. If you don’t remember the exact dates, it is acceptable to give a month/year or just the year.

**Patient Identification:** This section will be filled out by the NIH Clinical Center Staff.

**Patient/Authorized Signature:** Over 18 years old, only you can sign here. Under 18 years old, your parent or legal guardian must sign this form. Signatures must be drawn and not typed.

There are situations in which this general rule does not apply. For inquiries regarding individuals who are authorized to sign this form, please contact the Health Information Management Department at 888-790-2133.

Authorizations are valid for one year (unless revoked by the patient) and must be dated.

**Requestor Information:**
The person or place to receive copies of your medical records. A full mailing address is required.
- Requestor Name
- Street Address
- City
- State
- Zip Code
- Telephone
- Fax (if applicable)

**Purpose or Need for Disclosure:**
Write in the purpose for this request (ex. continuation of care, personal use, etc).

**Information to be Released:** Identify the category of records you would like to have released by checking the corresponding boxes. If the records you are requesting are not listed, please indicate those specific records on the blank line next to the “Other (Please Specify):” selection.

If you have any other questions about filling out this form please contact the Health Information Management Department’s Medicolegal Section at 888-790-2133. 
Our business hours are 7am-5pm EST Monday-Friday, excluding federal holidays.