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

All fields on this form are required

1. Patient Information:
   - Patient Name
   - Phone Number
   - Birth Date

2. Action – Only applicable for Outside Care Provider(s)
   
   Only outside care providers may have permanent authorization. Family members, friends, and acquaintances are not permitted.

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

4. Information to be Released:
   
   Indicate what 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.

4. Information to be Released (Continued):
   
   Specify the start and end dates of service for records that 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.

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

6. Patient/Authorized Signature:
   
   If you are 18 years of age or older, you are the only person who is permitted to sign this form. If you are under the age of 18, your parent or legal guardian must sign this form. 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 888-780-2133.

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

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.