



CONSENT TO RELEASE HOSPITAL RECORDS
 State Form 46356 (R2 / 5-19)

Please return to:
 Indiana State Archives
 6440 East 30th Street
 Indianapolis, IN 46219

- INSTRUCTIONS:**
1. If you are requesting your own record, you must attach a copy of your current and valid State or Federal identification.
 2. If you are requesting the record of a family member, you must attach copies of official or published records demonstrating your relationship to the patient, including a copy of your current and valid State or Federal identification.

The information contained on this form is CONFIDENTIAL according to IC 5-14-3-4(a)(9).

Name of patient	Date of birth of patient (<i>month, day, year</i>)
Name of the person requested to release the patient's record	
Address (<i>number and street, city, state, and ZIP code</i>)	
Name of person or provider to whom the record is to be released:	
Address (<i>number and street, city, state, and ZIP code</i>)	
Information desired (<i>Include name of hospital, dates of treatment, patient identification number and description of records. Use back of form if necessary.</i>)	

Purpose of request (<i>e.g. government / insurance benefits, continuing care, family history, etc.</i>)	

I understand that this authorization may be voided by me at any time. Such a revocation, however, does not have any retroactive effect on action already taken on reliance on this form. This release is valid for ninety (90) days from this date:	
Signature of patient	Date signed (<i>month, day, year</i>)
Signature of patient's legal representative, if patient is deceased	Date signed (<i>month, day, year</i>)
Signature of witness	Date signed (<i>month, day, year</i>)

HEALTH AND HOSPITALS

16-39-2-10 Decedents' records; consent to release
 Section 10. For the purposes of this chapter, consent to the release of a deceased patient's record may be given by the personal representative of the patient's estate. If there is no appointment of a personal representative, consent may be given by:
 (1) the patient's spouse; or
 (2) if there is no spouse, any responsible member of the patient's family.
As added by P. L. 2-1993, SEC. 22