



NC-F-12A

Record Release Authorization Form

Form Number: NC-F-12A

Effective Date: March 1, 2026

Version: 1.0

Related Policy: NC-12 Clinical Documentation & Records Management

Record Release Authorization Form

NobleCare Home Health LLC

Use this form to request copies of patient records. All requests are processed in accordance with HIPAA (45 CFR Part 164) and Ohio Revised Code § 3701.74.

Requesting Party

Name

Organization

Address

Phone

Fax

Patient Information

Patient Name

Date of Birth

Medical Record Number (MRN)

Records Requested

Check all that apply:

- Complete Medical Record
 - Date Range: From _____ To _____
 - Assessment / Evaluation Only
 - Care Plan Only
 - Visit Notes
 - Discharge Summary
-

Purpose of Request

Check one:

- Continuity of Care
 - Legal
 - Insurance
 - Patient Request
 - Other: _____
-

Authorization

I authorize NobleCare Home Health LLC to release the records described above for the stated purpose. I understand that this authorization is valid for 90 days unless a different expiration is specified below.

Expiration Date (if different from 90 days)

Patient / Authorized Representative
Signature Printed Name Date

Relationship to Patient (if representative)

Office Use Only — Do Not Write Below This Line

Date Request Received

Records Reviewed By

Date Records Sent

Method of Delivery

- Mail
- Fax
- Secure Email
- In Person

Total Pages Sent

Staff Initials