

Corewel

Section 7 What format would you like this in? Charges may apply. CHOOSE ONE OPTION

- ☐ Paper copy
- ☐ Encrypted (secure) email to the email address provided in Section 1
- ☐ Unencrypted email to the email address provided in Section 1
- ☐ Electronically placed on a CD (may not be available at all locations and must be mailed to you)
- ☐ Release to myBeaumontChart account/patient portal

Important!

Health Information sent in an unencrypted email or on unencrypted media (CD) is not secure. The Health Information may be intercepted and seen by others. There are other risks with unencrypted email including misaddressed or misdirected messages, email accounts that are shared, messages forwarded to others, and messages that are stored on servers that have no security. By choosing to receive your Health Information by unencrypted email or on unencrypted media, you are acknowledging and accepting these risks. **Your Social Security Number, home address, insurance information, medical information, and other personal information may appear on the records we are sending to you.**

Section 8 Signature of Patient or Patient Representative

By signing this Authorization, I hereby request and authorize that Corewell Health and its agents and employees, or other health care provider, release the following Protected Health Information or to request medical records from another facility or health care provider. I understand the following:

- My Health Information may include information relating to sexually transmitted disease, acquired immunod-