

o Dartmouth Health from another provider/facili

PATIENT INFORMATION			SENDER			
			I authorize:			
Patient Name:			Name of Provider/Facility			
			Name of Provider/Facility:			
Date of Birth:	Ph: _					
Address:			Address:			City:
City:	State:	Zip:	State:	Zip:	Fax: (	)
RECIPIENT:						
To share (disclose) my health in	nformation	n with Dartmouth He	ealth, please sen	d my reco	rds to the follow	ing Dartmouth Health
member location:						
☐ Alice Peck Day			☐ Dartmouth Hitchcock Medical Center			☐ Hanover Psychiatry
Health Information Services	HIM Depai		Release of Info	Release of Information		23 S. Main St., Suite 2B
10 Alice Peck Day Drive	590 Court		1 Medical Center Drive		Hanover, NH 03755	
Lebanon NH 03766	Keene, NF		Lebanon, NH 03756		Ph: (603) 277-9110	
Ph: (603) 308-0026	Ph: (603) 3		Ph: (603) 650-7			Fax: (603) 277-9154
Fax: (603) 640-1970	Fax: (603)		Fax: (603) 727	7869		
Email: medicalrecords@apdmh.org	Email: cmo	croi@cheshire-med.con		an of Inform	ation@ hitchaook or	a
			<u>Lebanon.Relea</u>	se.or.inform	ation@ hitchcock.or	
☐ Manchester, Nashua & Concord	- DH 🔲 N	lew London Hospital	■ Newport Healt	n Center		and Hospice for VT/NH
Health Information Services	Rele	ease of Information	Release of Inform		Release of Informa	ation
100 Hitchcock Way		County Road	11 John Stark Hig		1 Medical Center I	Drive
Manchester, NH 03104		/ London, NH 03257	Newport, NH 0377		Lebanon, NH 0375	
Ph: (603) 695-2820		(603) 526-5247	Ph: (603) 865-28		Ph: (603) 650-711	
Fax: (603) 727-7828	Fax	: (603) 526-5051	Fax: (603) 863-35	85	Fax: (603) 727-78	69
Email: DH-ROI@hitchcock.org					Email:	
					Lebanon.Release.	of.Information@ hitchcock.org
If mailing my information, please HEALTH INFORMATION TO BE					The section of provide	
Coming of my bookh information	م ملك منا ماكانيي	falloudes datas.			4-	
Copies of my health information	within the	following dates:				
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☐ Discharge Summary	within the	☐ Emergency De	partment Reports hology Reports			Immunizations
☐ Discharge Summary☐ Inpatient Progress Notes		<ul><li>□ Emergency De</li><li>□ Laboratory/Pat</li></ul>	partment Reports hology Reports Il Forms			Immunizations Operative Reports
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