



Saint Luke's Health System
saintlukeshealthsystem.org

Information Request – Patient Authorization

All sections of this authorization form MUST be completed to be valid in accordance with 42 CFR Parts 160 and 164

Patient Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone: _____

I request my protected health information (PHI) from:

- Requesting PHI from various Saint Luke's facilities including Hospital-Plaza, Regional Lab, Northland-Barry Road, etc.

I request my protected health information (PHI) to be released to:

Name: _____ E-Mail Address: _____
Address: _____ Phone: _____
City/State: _____ Zip Code: _____ Fax (healthcare provider only): _____

I authorize the following PHI to be released from my medical record(s):

- Authorizing release of Emergency Room Record, Complete Medical Record, Laboratory Report(s), Radiology Report(s), Pathology Slides, etc.

Covering the period of health care from:

Specific Date(s): _____ to _____ OR All past, present and future encounters/visits

Purpose for requesting information:

- Purpose for requesting information: Legal, Personal, Insurance, Continuation of Care

How information is to be received (if not marked, paper is default):

- How information is to be received: US Mail – paper format, E-Mail – secure format, Fax, CD – secure electronic format, View Record Only

By signing this authorization form, I understand that:

- Understanding points: Requests for copies may be subject to copying fees; PHI may include mental health care; I have the right to revoke; Unless otherwise revoked, this authorization will expire; Treatment, payment, enrollment or eligibility may not be conditioned; Any disclosure carries with it the potential for unauthorized redisclosure.

Patient/Authorized Representative Signature: _____ Date: _____ Time: _____

Printed Name of Authorized Representative: _____ Relationship to patient: _____

Witness Signature: _____ Date: _____ Time: _____

If signed by a patient's authorized representative, supporting legal documentation must accompany this authorization form