

INSTRUCTION FOR COMPLETING THE AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Following are instructions, by section, to aid in the completion of this form:

SECTION A –

Patient Information:

Please provide the patients' information (Name, Date of Birth, Last 4 of SSN)

Provider Information:

Please provide the facility and address of where the patient was seen.

Recipient Information:

Please provide the name and address of where the patient wants the records to be sent to.

This information must be completed in full.

Request Delivery:

Please provide how the records are to be received, if choosing email address, the above recipient's box still must be completed.

Expiration of Authorization:

Please provide an expiration date – the date the patient wants this authorization to expire. If the patient has an event that they want this form to expire upon please provide that information, i.e.: upon death, after court date, etc.

Purpose of Disclosure:

Indicate why the records are needed, i.e. continued care, personal use, insurance, etc.

Description of Information to be used or disclosed:

Please indicate which records are needed from the patient's chart. Please checkmark the boxes of the needed information and indicate in the date column for the date of service the patient is requesting. PHI stands for Protected Health Information.

Sensitive Information:

Please have the patient initial to acknowledge that there may be sensitive data in the records. (If left blank, sensitive records will NOT be released.)

SECTION B –

Please answer the questions provided pertaining to marketing and sales of PHI.

SECTION C-

The patient or their legal representative must sign and date the authorization for it to be valid. Please have the patient sign the authorization and date of when they signed. If someone other than the patient (unless patient is a minor) is signing then legal documentation must be provided, ie: Medical Durable Power of Attorney for Healthcare Decisions, Death Certificate, Legal Guardianship paperwork, court documentation, custody papers, etc.

The legal representative must then indicate their relationship to the patient, i.e.: a medical power of attorney, guardian, etc.

If you need further assistance please call Release of Information at 316-962-2513.