



915 East First Street
Duluth, MN 55805
(218) 249-2003/(218) 249-3076 (fax)

Patient Name: LAST FIRST MI Date of Birth Medical Record Number

I hereby authorize: To Release Information to:
(Individual name, facility/organization and address)

Check one or both:

- St. Luke's Hospital
St. Luke's Clinics (specify using attached list)

PURPOSE OF DISCLOSURE

- Continuing Care
Payment of Claim
School
Worker's Compensation
Legal
For Personal Use
Other (specify):

INFORMATION TO BE RELEASED: Between Dates of: Between Dates of:

- Discharge Summary
H&P Exam/Initial Evaluation
Consultation Report
Counselor/Therapist Summary
Progress Notes/Provider Notes
Orders
ER/Urgent Care/QC
X-Ray Reports
X-Ray Films/MRI
Diagnostic Test Reports
Procedure Reports
Lab Reports/Pathology
Correspondence
Itemized Billing Statement

Other (Specify content and dates):

ACKNOWLEDGEMENT OF UNDERSTANDING:

- I understand the expiration date of this authorization is one year.
I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken.
I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations.
I understand by authorizing this use or disclosure of information, there will be no conditions placed on my health care or payment for my health care.
I understand that in compliance with MN Statue 144.292 and WI Administrative Code HHS117, I may be required to pay a fee for retrieval and photocopying of records and/or supervising inspection of medical records.
I understand that my medical information may include information relating to sexually transmitted diseases, sickle cell anemia, AIDS, HIV, behavioral or mental health services and treatment for alcohol and drug abuse.

Signature of patient, parent of minor, or personal representative Relationship Date Phone

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION



_____ Bay Area Health Center	_____ St. Luke's Endocrinology
_____ Chequamegon Clinic	_____ St. Luke's Gastroenterology
_____ Denfeld Medical Center	_____ St. Luke's Infectious Disease
_____ Duluth Internal Medicine Associates	_____ St. Luke's Internal Medicine
_____ Hibbing Family Medical Center	_____ St. Luke's Mental Health
_____ Laurentian Medical Clinic	_____ St. Luke's Occupational Health
_____ Lester River Medical Clinic	_____ St. Luke's Oncology
_____ Mariner Medical Clinic	_____ St. Luke's Orthopedics
_____ Miller Creek Medical Clinic	_____ St. Luke's Pavilion Surgery
_____ Mount Royal Medical Clinic	_____ St. Luke's Plastic Surgery
_____ P.S. Rudie Medical Clinic	_____ St. Luke's Mental Health
_____ Q Care St. Luke's Express Clinic	_____ St. Luke's Pulmonary Medicine
_____ St. Luke's Allergy and Immunology	_____ St. Luke's Radiation Oncology
_____ St. Luke's Cardiothoracic Surgery Assoc.	_____ St. Luke's Rheumatology
_____ St. Luke's Cardiology Associates	_____ St. Luke's Surgical Associates
_____ St. Luke's Dermatology	_____ St. Luke's Urgent Care
_____ St. Luke's Neurosurgery Associates	_____ St. Luke's Urology
_____ St. Luke's Physical Medicine and Rehabilitation	