



**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

<b>PATIENT INFORMATION:</b>	Last Name: _____ First Name: _____ Date of Birth: _____	
<b>I AUTHORIZE RELEASE FROM:</b>	<input type="checkbox"/> St. Luke's Hospital <span style="float: right;"><input type="checkbox"/> St. Luke's Pavilion Surgery Center</span> <input type="checkbox"/> St. Luke's Clinic(s) <span style="float: right;"><input type="checkbox"/> Lake View Hospital</span> <input type="checkbox"/> St. Luke's Mental Health Clinic <span style="float: right;"><input type="checkbox"/> Lake View Clinic(s)</span>	
Records from ALL clinics, excluding Mental Health, will be released if clinics are not specified on the attached list. Mental Health must be checked in order to release.		
<b>TO RELEASE INFORMATION TO:</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Fax (patient care only): _____	
<b>PURPOSE OF DISCLOSURE:</b>	<input type="checkbox"/> Continuing Care <input type="checkbox"/> Payment of Claim <input type="checkbox"/> School <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Legal <input type="checkbox"/> Personal Use <input type="checkbox"/> Other (specify): _____	<b>RELEASE METHOD:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Fax (patient care only): _____ <input type="checkbox"/> Pick-up <input type="checkbox"/> Email: _____
<b>DATE INFORMATION IS NEEDED:</b>	_____ (Note: Please allow 7-10 days for processing)	
<b>INFORMATION TO BE RELEASED:</b>	Between dates of: _____ and _____ <b>Routine Record Set:</b> <input type="checkbox"/> Abstract (Provider Notes, Procedure Reports, H&P Exam, Discharge Summary, Radiology/Diagnostic Reports, Lab Reports) <input type="checkbox"/> Discharge Summary <span style="margin-left: 100px;"><input type="checkbox"/> Orders</span> <span style="margin-left: 100px;"><input type="checkbox"/> Procedure Reports</span> <input type="checkbox"/> H&P Exam/Initial Evaluation <span style="margin-left: 50px;"><input type="checkbox"/> ER/Urgent Care/QC/eCare</span> <span style="margin-left: 50px;"><input type="checkbox"/> Lab/Pathology Reports</span> <input type="checkbox"/> Consultation Report <span style="margin-left: 100px;"><input type="checkbox"/> Radiology/MRI Reports</span> <span style="margin-left: 100px;"><input type="checkbox"/> Immunization Records</span> <input type="checkbox"/> Rehab Records (PT/OT/ST) <span style="margin-left: 100px;"><input type="checkbox"/> Radiology/MRI Films</span> <span style="margin-left: 100px;"><input type="checkbox"/> Itemized Billing Statement</span> <input type="checkbox"/> Progress Notes/Provider Notes <span style="margin-left: 100px;"><input type="checkbox"/> Diagnostic Test Reports</span> <span style="margin-left: 100px;"><input type="checkbox"/> Verbal Discussion w/ Provider</span> <input type="checkbox"/> Condition Report <span style="margin-left: 100px;"><input type="checkbox"/> Other (specify content/dates): _____</span>	

**ACKNOWLEDGEMENT OF UNDERSTANDING:**

- I understand the expiration date of this authorization is one year after the date signed.
- 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 Statute 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.
- Psychotherapy notes will not be released per facility policy and HIPAA privacy rules, 45 CFR Parts 160 and 164, 164.502.

\_\_\_\_\_  
Signature of patient or legally authorized representative                      Relationship                      Date/Time                      Phone

For facility use only: MRN: \_\_\_\_\_ Request #: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_





- \_\_\_\_\_ Chequamegon Clinic
- \_\_\_\_\_ Denfeld Medical Clinic
- \_\_\_\_\_ Hibbing Family Medical Clinic
- \_\_\_\_\_ Laurentian Medical Clinic
- \_\_\_\_\_ Lake View Medical Clinic
- \_\_\_\_\_ Lake View Silver Bay Medical Clinic
- \_\_\_\_\_ Lester River Medical Clinic
- \_\_\_\_\_ Mariner Medical Clinic
- \_\_\_\_\_ St. Luke's Medical Arts Clinic
- \_\_\_\_\_ Miller Creek Medical Clinic
- \_\_\_\_\_ Mount Royal Medical Clinic
- \_\_\_\_\_ P.S. Rudie Medical Clinic
- \_\_\_\_\_ Q Care St. Luke's Express Clinic
- \_\_\_\_\_ St. Luke's Allergy & Immunology
- \_\_\_\_\_ St. Luke's Advanced Wound Care & Hyperbaric Center/Ostomy & Continence
- \_\_\_\_\_ St. Luke's Cardiology Associates
- \_\_\_\_\_ St. Luke's Cardiothoracic Surgery Associates
- \_\_\_\_\_ St. Luke's Dermatology Associates
- \_\_\_\_\_ St. Luke's Ear, Nose, & Throat Associates
- \_\_\_\_\_ St. Luke's Endocrinology Associates
- \_\_\_\_\_ St. Luke's Gastroenterology Associates
- \_\_\_\_\_ St. Luke's Homecare & Hospice
- \_\_\_\_\_ St. Luke's Infectious Disease Associates
- \_\_\_\_\_ St. Luke's Internal Medicine Associates
- \_\_\_\_\_ St. Luke's Mental Health
- \_\_\_\_\_ St. Luke's Neurology Associates
- \_\_\_\_\_ St. Luke's Neurosurgery Associates
- \_\_\_\_\_ St. Luke's Obstetrics & Gynecology Associates
- \_\_\_\_\_ St. Luke's Occupational Health Clinic
- \_\_\_\_\_ St. Luke's Oncology & Hematology Associates
- \_\_\_\_\_ St. Luke's Ophthalmology Associates
- \_\_\_\_\_ St. Luke's Orthopedics & Sports Medicine
- \_\_\_\_\_ St. Luke's Pediatric Associates
- \_\_\_\_\_ St. Luke's Physical Medicine & Rehab Associates
- \_\_\_\_\_ St. Luke's Plastic Surgery Associates
- \_\_\_\_\_ St. Luke's Pulmonary Medicine & Rehab Associates
- \_\_\_\_\_ St. Luke's Radiation Oncology Associates
- \_\_\_\_\_ St. Luke's Rheumatology Associates
- \_\_\_\_\_ St. Luke's Surgical Associates
- \_\_\_\_\_ St. Luke's Urgent Care
- \_\_\_\_\_ St. Luke's Urology Associates
- \_\_\_\_\_ St. Luke's Vascular Surgery Associates