



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Form with sections: PATIENT INFORMATION, I AUTHORIZE RELEASE FROM, TO RELEASE INFORMATION TO, PURPOSE OF DISCLOSURE, DATE INFORMATION IS NEEDED, INFORMATION TO BE RELEASED.

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:





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

*For information from Pavilion Surgery Center, call 218.279.6200.