AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of health information about you.
Failure to provide *all* information requested may invalidate this authorization.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:

Name of Patient:____ Date of Birth:________________________

Other Names Used:_______________________________________ Telephone Number:___________________

Medical Record or Account#:____
(Hospital use only)

I AUTHORIZE:____
(Facility or other provider)

TO DISCLOSE TO:____
(Persons/organizations authorized to *receive* the information)

at the following address:____
(street, city, state and zip code)

the following information (check box and initial applicable lines below):

________ Mental health records (excludes "psychotherapy notes")
________ Substance abuse treatment records
________ HIV related information and other communicable diseases
________ Genetic testing information

❑ **THE FOLLOWING RECORDS,** specific types of health information, or records for the date(s) of treatment as specified [check applicable box(es)]:

❑ Billing Records
❑ Consultation Records
❑ Discharge Summary
❑ Emergency Room
❑ History and Physical
❑ Laboratory Tests
❑ Procedure Reports
❑ Progress Notes
❑ X-Ray Reports

❑ Date(s):____

❑ Other(s):____

❑ **ALL RECORDS** regarding my treatment, hospitalization, and outpatient care.
A separate authorization is required for the use or disclosure of psychotherapy notes or research health\ information.

PURPOSE: The purpose and limitations (if any) of the requested use or disclosure is:
❑ At the request of the patient or personal representative; ***OR***
❑ Other:____

EXPIRATION: This authorization will automatically expire one (1) year from the date of execution unless a different event or end date is specified:____
(insert date or event)

MY RIGHTS:

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.
- I may revoke this authorization at any time, but I must do so in writing and submit it to the following address: *Medical Records 475 S. Dobson Rd., Chandler, AZ 85224 or Medical Records 3555 S. Val Vista Drive, Gilbert, AZ 85297*. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by Arizona law and may no longer be protected by federal confidentiality law (HIPAA). If this authorization is for the disclosure of substance abuse information, the recipient may be prohibited from disclosing the information under 42 C.F.R. part 2.

SIGNATURE:____ Date:__________________
(Patient or personal representative)

____ ____
Print name of personal representative Relationship to patient

Patient/Representative Identification Verified. *Initials:*____________________ *Dept:*________________

Note: If the **substance abuse treatment** information is protected by federal confidentiality rules (42 C.F.R. part 2) the following prohibition of re-disclosure statements must be provided to the recipient of the information:

The federal rules prohibit the recipient from making any further disclosure of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R. part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Dignity Health

MERCY GILBERT MEDICAL CENTER
RELEASE OF PROTECTED HEALTH INFORMATION
PATIENT INSTRUCTIONS

How Do I Request a Copy of My Medical Information?

You can request a copy of your medical information in any of the following ways.

- ❖ If you are currently an inpatient, you may sign the attached form and give it to your nurse prior to leaving.
- ❖ You may fill out the form in person in the Medical Record/Release of Information Department (see below for location). Generally, information such as all dictated reports, labs, and radiology reports can be processed on a walk-in basis with little or no wait times. This will depend on current number of walk-in requests.
- ❖ If you are having someone else pick up your records, you will need to give them a letter authorizing them to pick up the records and a photocopy of your Photo ID. Or a Medical Power of Attorney must be presented.
- ❖ The authorization form is also found online at the following link: www.mercygilbert.org/medical_services. Select Health Information Management from the menu in the left column. Then click on the Additional Link titled 'Authorization for Use or Disclosure of Protected Health Information'. The form is in English and Spanish. You may print this form and bring it with you to the Medical Records Department or mail it to Medical Records Dept. at the address below.

How Long Will it Take to Receive My Medical Information?

Your records will be ready 5 business days from when you are discharged or from the day we receive the Authorization to process your request. If you signed the Authorization while in the hospital, someone from our Release of Information Department may contact you within 5 days of discharge. If you have not heard from us, or if you would like to speak with someone in this department, please call: 480-728-7103.

Where Do I Go to Pick Up My Medical Information?

Below are the address, hours, and parking information for our Medical Records Department. Please call to confirm your records are ready for pick up before you come. You will need to show a photo ID. You may also request your records be mailed to you.

Mercy Gilbert Medical Center
3555 S. Val Vista Drive
Gilbert, AZ 85297
(480) 728-8000 (Main Hospital Number)
(480) 728-7103 (Release of information)

Parking is outside our main entrance. Form the main entrance, follow the hallway left and continue past the Chapel and the Employee Entrance. The Medical Records Department will be on the left side, past conference room 4. The Department is open from 8am till 5pm Monday through Friday. If you would like to stop at the Information Desk in the main entrance, a volunteer would be happy to assist you.