Dignity Health

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	❑ Emergency Room	❑ Procedure Reports
❑ Consultation Records	❑ History and Physical	❑ Progress Notes
❑ Discharge Summary	❑ Laboratory Tests	❑ 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.

Dignity Health

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 1955 W. Frye 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.

CHANDLER REGIONAL 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 can also be found online on our internet page. After selecting the Patients and Visitors tab on the left, click on "Patients" for the drop down menu and choose Medical Records. You will see a link entitled "Patients Request for Access to 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 the Medical Records Department 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: 480-728-3125.

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.

Chandler Regional Medical Center
1955 W. Frye Road
Chandler, AZ 85224
(480) 728-3000 (Main Hospital Number)
(480) 728-2660 (Release of information)

Free valet parking is outside our main entrance. From the main entrance follow the hallway all the way to the end and turn right. Continue through the double doors (use auto button on right) and Medical Records will be the first door on the left. If you would like to stop at the Information Desk in the main entrance, a volunteer will be happy to assist you.