

Tempe St. Luke's Hospital

A STEWARD FAMILY HOSPITAL

1500 S. Mill Avenue
Tempe, AZ 85281
480-784-5500



Tempe St. Luke's Hospital Patient Request /Authorization to Use and/or Disclose Protected Health Information

Request Completed by _____ (staff initial) Medical Record # _____

I hereby authorize **Tempe St. Luke's Hospital** to use and/or disclose the Protected Health Information specified below from my medical records:

1) PATIENT NAME: (Please Print) _____ Date of Birth: _____
 Address: _____
Street City State Zip
 Contact Telephone Number(s): _____
 Email: (if applicable) _____

2) INFORMATION TO BE DISCLOSED TO:

Person or Facility Name (Please print) _____ Fax # _____
 Address (Please print) _____ City _____ State _____ Zip _____
 Phone # _____
 Email: (if applicable) _____

- 3) Preferred Delivery Method -
- Email
 - Postal Mail to address in # 2 above
 - In Person Pick-Up

4) Treatment Dates From: _____ To: _____

5) SPECIFIC RECORDS/REPORTS(S) TO BE RELEASED:

- Admission History and Physical
- Laboratory Results
- Rehab Services (PT, OT, Speech)
- Discharge Summary
- Imaging Reports (Specify CT, X-Ray, MRI)
- Other (be specific) _____
- Consultation
- Pathology Reports
- Emergency
- Operative Notes
- EKG Reports

6) RESTRICTED RELEASE: We will **not** disclose the following documentation **unless** you check the box and provide an additional signature:

Release	Signature	Release	Signature
<input type="checkbox"/> Mental/Behavioral Health Provider Documentation*		<input type="checkbox"/> Genetic Testing/Test Results*	
<input type="checkbox"/> HIV/AIDS Screening Test Results		<input type="checkbox"/> Alcohol*** and/or <input type="checkbox"/> Substance Abuse Treatment***	
<input type="checkbox"/> Confidential Communications with a Social Worker		<input type="checkbox"/> Child/Elder Abuse and Neglect	
<input type="checkbox"/> Rape/Sexual Assault Victim's Counseling		<input type="checkbox"/> Domestic Violence Victim's Counseling	
<input type="checkbox"/> Sexually Transmitted Disease			

* This authorization is not valid for use or disclosure of psychotherapy notes
 ** The term "genetic tests" means only those tests which determine your future chances of developing a disease, not tests done to diagnose a current condition or problem.
 ***Only applicable to records that are created by an "individual or entity who holds itself out as providing alcohol or drug abuse diagnosis, treatment or referral for treatment." (42 CFR Part 2) Not required for records created or maintained by a general medical facility.

IMPORTANT: THIS AUTHORIZATION IS NOT VALID UNLESS ALL APPLICABLE ENTRIES ARE COMPLETED AND FORM IS SIGNED ON PAGE 2

