



915 E. 1<sup>st</sup> Street, Duluth, MN 55805 | Phone: 218.249.2003 | Fax: 218.249.3076

[RequestRecords@slhduluth.com](mailto:RequestRecords@slhduluth.com)

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

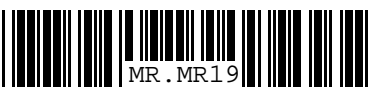
<b>PATIENT INFORMATION:</b>	Last Name: _____ First Name: _____ Date of Birth: _____	
<b>I AUTHORIZE RELEASE FROM:</b>	<input type="checkbox"/> St. Luke's Hospital <span style="float:right"><input type="checkbox"/> Northern Lakes Surgery Center</span> <input type="checkbox"/> St. Luke's Clinic(s) <span 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> <input type="checkbox"/> St. Luke's Pavilion Surgery Center	
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 <input type="checkbox"/> Orders <input type="checkbox"/> Procedure Reports <input type="checkbox"/> H&P Exam/Initial Evaluation <input type="checkbox"/> ER/Urgent Care/QC/eCare <input type="checkbox"/> Lab/Pathology Reports <input type="checkbox"/> Consultation Report <input type="checkbox"/> Radiology/MRI Reports <input type="checkbox"/> Immunization Records <input type="checkbox"/> Rehab Records (PT/OT/ST) <input type="checkbox"/> Radiology/MRI Films <input type="checkbox"/> Itemized Billing Statement <input type="checkbox"/> Progress Notes/Provider Notes <input type="checkbox"/> Diagnostic Test Reports <input type="checkbox"/> Verbal Discussion w/ Provider <input type="checkbox"/> Condition Report <input type="checkbox"/> Other (specify content/dates): _____	

**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: \_\_\_\_\_

MR 19b Rev. 11/22





- |  |  |
|--|--|
| _____ Chequamegon Clinic   | _____ St. Luke's Infectious Disease Associates         |
| _____ Denfeld Medical Clinic   | _____ St. Luke's Internal Medicine Associates          |
| _____ Hibbing Family Medical Clinic  | _____ St. Luke's Mental Health                         |
| _____ Laurentian Medical Clinic  | _____ St. Luke's Neurology Associates                  |
| _____ Lake View Medical Clinic   | _____ St. Luke's Neurosurgery Associates               |
| _____ Lake View Silver Bay 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  |  |