

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

MRN: _____
 Patient Name: _____

 (Patient Label)

<p>Patient Information</p>	<p>Patient Name: _____ MRN: _____ Address: _____ City, State & Zip Code: _____ Date of Birth (MMDDYYYY): _____ Phone: (____) _____</p>																				
<p>Specify Healthcare Facility</p>	<p><input type="checkbox"/> UCLA Health Hospitals/Clinics <input type="checkbox"/> Jules Stein Eye Institute <input type="checkbox"/> Resnick Neuropsychiatric Hospital</p>																				
<p>Release Records to Where do you want records sent? Who do you want to receive records?</p>	<p>I authorize UCLA Health to release PHI to: Name of Hospital/Clinic/Person: _____ Address: _____ City, State & Zip Code: _____ Phone: (____) _____ FAX: (____) _____ E-Mail Address: _____ If you would like a designee* to pick up your records, please fill out section below: I authorize _____ to pick up my medical record copies. Relationship to patient: _____ *Note: Designee must provide valid photo ID</p>																				
<p>Delivery Instructions (please select <u>one</u>)</p>	<p><input type="checkbox"/> CD <input type="checkbox"/> E-Mail (NPH/BHS does not release via email) <input type="checkbox"/> Paper Copy <input type="checkbox"/> Call Requestor when records are ready for pick up Note: If left blank, a CD will be provided.</p>																				
<p>Purpose What is the purpose of this release?</p>	<p><input type="checkbox"/> At the request of the patient/patient representative <input type="checkbox"/> Other (state reason) _____</p>																				
<p>Health Information to be Released: What records are being requested?</p>	<p>Type of Records:</p> <table border="1"> <tr> <td><input type="checkbox"/> Medical Records</td> <td><input type="checkbox"/> Mental Health (other than psychotherapy notes)</td> </tr> <tr> <td><input type="checkbox"/> Billing Statements</td> <td><input type="checkbox"/> Emergency Reports (ER)</td> </tr> <tr> <td><input type="checkbox"/> Consultations</td> <td><input type="checkbox"/> History & Physical Exams</td> </tr> <tr> <td><input type="checkbox"/> Discharge Summary</td> <td><input type="checkbox"/> Jules Stein Images</td> </tr> <tr> <td><input type="checkbox"/> EEG Video</td> <td><input type="checkbox"/> Laboratory Reports</td> </tr> <tr> <td><input type="checkbox"/> EKG</td> <td><input type="checkbox"/> Operative Reports</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> Pathology Reports</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Progress Notes</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Radiology Images (x-rays)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Radiology Reports</td> </tr> </table>	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Mental Health (other than psychotherapy notes)	<input type="checkbox"/> Billing Statements	<input type="checkbox"/> Emergency Reports (ER)	<input type="checkbox"/> Consultations	<input type="checkbox"/> History & Physical Exams	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Jules Stein Images	<input type="checkbox"/> EEG Video	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> EKG	<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Other:	<input type="checkbox"/> Pathology Reports		<input type="checkbox"/> Progress Notes		<input type="checkbox"/> Radiology Images (x-rays)		<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Mental Health (other than psychotherapy notes)																				
<input type="checkbox"/> Billing Statements	<input type="checkbox"/> Emergency Reports (ER)																				
<input type="checkbox"/> Consultations	<input type="checkbox"/> History & Physical Exams																				
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Jules Stein Images																				
<input type="checkbox"/> EEG Video	<input type="checkbox"/> Laboratory Reports																				
<input type="checkbox"/> EKG	<input type="checkbox"/> Operative Reports																				
<input type="checkbox"/> Other:	<input type="checkbox"/> Pathology Reports																				
	<input type="checkbox"/> Progress Notes																				
	<input type="checkbox"/> Radiology Images (x-rays)																				
	<input type="checkbox"/> Radiology Reports																				

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

MRN:
Patient Name:

(Patient Label)

Sensitive Information	<p>Sensitive information will not be released unless specifically authorized below:</p> <p><input type="checkbox"/> Drug and Alcohol Abuse Results <input type="checkbox"/> Genetic Testing Information</p> <p><input type="checkbox"/> HIV/AIDS Test Results <input type="checkbox"/> Psychological/Vocational Results</p>
Specify Date/Time Period	<p>SPECIFY DATE / TIME PERIOD FOR INFORMATION SELECTED ABOVE:</p> <p>FROM MM / DD / YYYY TO MM / DD / YYYY</p>
Expiration of Authorization	<p>Unless otherwise revoked, this Authorization expires _____ (insert applicable date or event).</p> <p>If no date is indicated this Authorization will expire 12 months after the date signed.</p>
Signature(s)	<p>_____</p> <p>(Signature of Patient / Legal Representative) Date</p> <p>_____</p> <p>Printed Name Area Code/Phone Number</p> <p>If signed by someone other than the patient, indicate relationship to the patient _____</p> <p>_____</p> <p>Signature of Witness (only if patient unable to sign) Date or Interpreter Interpreter ID # _____</p>

Mailing Addresses	
<input type="checkbox"/> Please check box for medical records	<input type="checkbox"/> Please check box for radiology images
<p>UCLA HIMS, Release of Information 10833 Le Conte Ave, CHS BH-902 Los Angeles, CA. 90095-1776 Fax: (310) 983-1468 Phone: (310) 825-6021 Email: roi@mednet.ucla.edu</p>	<p>Image Management, Release of Information 200 Medical Plaza B1- Level Suite 165-11 Los Angeles Ca. 90095 Fax 310-825-3205 Phone 310-825-6425</p>
<input type="checkbox"/> Please check box for mental health records	
<p>Mental Health Records RNPH/BHS HIMS 10833 Le Conte Ave BH239A Los Angeles CA 90095 Fax 310-206-7682 Phone 310-267-2661 or 310-794-1530</p>	
Release of Information Customer Service – Walk-in Service	
<p><u>Open Hours</u> 8a-4:30pm</p> <p><u>Closed Lunch</u> 11:30a-12:30p</p>	<p>Ronald Reagan UCLA: 100 Med Plaza, Suite 140, Los Angeles, CA 90095 Phone: (310) 825-6021 Fax: (310) 983-1468 Email: roi@mednet.ucla.edu</p> <p>Santa Monica UCLA: 1260 – 15th Street, Suite 802B, Santa Monica, CA 90404 Phone: (424) 259-8045 Fax: (310) 983-1468 Email: roi@mednet.ucla.edu</p>

