Labette Health Hospital, Emergency Locations, and Clinics
Health Information Management Department
1902 S. US Hwy. 59 - Parsons, Ks. 67357
Telephone: 620.820.5385 | Fax: 620.820.5366

March 2020 ver.

(Patient Name) (Date of Birth)

(Address/City/State) (Phone/Email)

I AUTHORIZE LABETTE HEALTH (check one) □ HOSPITAL □ CLINIC □ BOTH **TO:**

DISCLOSE TO: _____ **RECEIVE FROM:** _____

MEDICAL RECORDS NEEDED (check all that apply)

□ Abstract (3 years)	□ Consultation	□ Progress Note	□ Stress or Thallium Test
□ Discharge Summary	□ Procedure Report	□ Physician Order	□ PFT or Sleep Study
□ ER Record	□ Lab Result	□ Radiology CD *	□ Nursing Documentation
□ History & Physical	□ EKG	□ Radiology Report	

□ Other (specify): _____

**Do you want these images "password protected" before sent to the outside provider indicated above?* □ *Yes* □ *No*

DATE OF SERVICE: _____ **DATE NEEDED BY:** _____

PURPOSE: □ Continued Care □ Insurance/Disability □ Litigation/Legal □ Personal Reasons
□ Other (specify) _____

I authorize the disclosure or receipt of the specified medical records for the dates of service listed above which may include PHI about mental health, communicable disease, HIV or AIDS, and treatment of drug/alcohol abuse.

I authorize the disclosure or receipt of the specified medical records for the dates of service listed above except for the following:
□ Do not disclose mental health records □ Do not disclose communicable disease records including HIV and AIDS
□ Do not disclose drug/alcohol abuse treatment records □ Do not disclose other records (specify): _____

I understand I have the right to revoke this authorization at any time, except for PHI already released, by submitting a written request to:

Privacy Officer | Labette Health | 1902 S. US Hwy. 59 - Parsons, Ks. 67357

I understand my treatment will not be conditioned on whether I sign this authorization.

I understand PHI disclosed in accordance with this authorization may be disclosed by the recipient and no longer protected by state or federal law.

This authorization for the PHI and dates of service listed above will remain in effect for one (1) year from the date of signature per state and federal law.

_____ □ Self □ Parent □ Guardian □DPOA □ Other: _____
(Patient/Representative Signature) (Date Signed) (Relationship to Patient)

(The following to be completed by Labette Health staff)

□ Picture ID □ Signature Comparison □ Known to Staff □ ID Confirmed via SSN, DOB, parent's name, etc.
□ Other: _____

Information: □ Emailed □ Mailed □ Faxed □ Given in person #Pgs ____ #CDs ____ Date Given _____ By: ____

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INSTRUCTIONS FOR COMPLETION OF THIS FORM

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Please complete all highlighted or shaded areas including:

Name
Date of Birth
Address/City/State
Phone/Email
- Please provide both to help with communication.

"I AUTHORIZE…"
Disclose To
- Suggestions include self/patient, name of individual other than patient, name of provider including city/state of practice and phone/fax numbers, insurance company, etc.

Medical Records Needed
Date of Service
- If not known, please provide estimate such as January 2020, three weeks ago, etc.

Date Needed By
- Typically we respond in a first in/first out method; however, if known, we can better coordinate our response

Purpose
Signature and Date Signed
Relationship to Patient

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HOW TO GET THIS FORM TO US

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Please choose one of the following:

Email to tmorris@labettehealth.com or sbynum@labettehealth.com or bstafford@labettehealth.com
- Please use the subject line of "Records Request"
- A clear picture of the entire document attached to the email is acceptable

Fax to 620.820.5366

Mail to Labette Health | Attn: Medical Records| 1902 S. US Hwy. 59 Parsons, Kansas 67357

Please do not bring the form to Labette Health unless one of these options is not available to you
- Please call ahead at 620.820.5385 or 620.820.5387 to inform us

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HOW WE WILL GET THE RECORDS TO YOU

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We will send the records securely to the email provided

If an email is not provided, we will send the records via the United States Postal Service to the address provided

We can fax the records if a fax number is provided

If records are to be sent to a provider, we will work with them to determine how best to send them