



915 East First Street  
 Duluth, MN 55805  
 (218) 249-2003/(218) 249-3076 (fax)

For office use only:  
 Request # \_\_\_\_\_  
 VS \_\_\_\_\_  
 Completed by \_\_\_\_\_  
 Date \_\_\_\_\_

Patient Name: LAST FIRST MI Date of Birth Medical Record Number

I authorize release from:  
 (Check all that apply)  
 St. Luke's Hospital  
 St. Luke's Clinics  
 Specify clinics using attached list.

To release information to:  
 (Individual name, facility/organization, and address)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Information from ALL St. Luke's Clinics, excluding Mental Health, will be released if clinics are not specified. Mental Health must be checked in order to release.**  
 St. Luke's Mental Health Clinic

**PURPOSE OF DISCLOSURE**

- ( ) Continuing Care
- ( ) Payment of Claim
- ( ) School
- ( ) Worker's Compensation
- ( ) Legal
- ( ) For Personal Use
- ( ) Other (specify): \_\_\_\_\_

INFORMATION TO BE RELEASED: Between Dates of: \_\_\_\_\_ and \_\_\_\_\_

- |  |   |
|--|---|
| ( ) Discharge Summary _____              | ( ) X-Ray Reports _____                 |
| ( ) H&P Exam/Initial Evaluation _____    | ( ) X-Ray Films/MRI _____               |
| ( ) Consultation Report _____            | ( ) Diagnostic Test Reports _____       |
| ( ) Counselor/Therapist Summary _____    | ( ) Procedure Reports _____             |
| ( ) Progress Notes/Provider Notes _____  | ( ) Lab Reports/Pathology _____         |
| ( ) Orders _____                         | ( ) Correspondence _____                |
| ( ) ER/Urgent Care/QCare _____           | ( ) Itemized Billing Statement _____    |
| ( ) Condition Report _____               | ( ) Verbal Discussion w/ Provider _____ |
| ( ) 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, parent of minor, or personal representative Relationship Date Phone

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





- \_\_\_\_\_ Bay Area Medical Clinic
- \_\_\_\_\_ Chequamegon Clinic
- \_\_\_\_\_ Denfeld Medical Clinic
- \_\_\_\_\_ Hibbing Family Medical Clinic
- \_\_\_\_\_ Laurentian Medical Clinic
- \_\_\_\_\_ Lester River Medical Clinic
- \_\_\_\_\_ Mariner Medical Clinic
- \_\_\_\_\_ Medical Arts Clinic
- \_\_\_\_\_ Miller Creek Medical Clinic
- \_\_\_\_\_ Mount Royal Medical Clinic
- \_\_\_\_\_ P.S. Rudie Medical Clinic
- \_\_\_\_\_ Q Care St. Luke's Express Clinic
- \_\_\_\_\_ St. Luke's Allergy & Immunology
- \_\_\_\_\_ St. Luke's Advanced Wound Care & Hyperbaric Center/Ostomy & Continence
- \_\_\_\_\_ St. Luke's Cardiology
- \_\_\_\_\_ St. Luke's Cardiothoracic Surgery
- \_\_\_\_\_ St. Luke's Center for Diagnostic Imaging
- \_\_\_\_\_ St. Luke's Dermatology
- \_\_\_\_\_ St. Luke's Ear, Nose, & Throat
- \_\_\_\_\_ St. Luke's Endocrinology
- \_\_\_\_\_ St. Luke's Gastroenterology
- \_\_\_\_\_ St. Luke's Homecare & Hospice
- \_\_\_\_\_ St. Luke's Infectious Disease
- \_\_\_\_\_ St. Luke's Internal Medicine
- \_\_\_\_\_ St. Luke's Mental Health
- \_\_\_\_\_ St. Luke's Neurology
- \_\_\_\_\_ St. Luke's Neurosurgery
- \_\_\_\_\_ St. Luke's Obstetrics & Gynecology
- \_\_\_\_\_ St. Luke's Occupational Health
- \_\_\_\_\_ St. Luke's Oncology & Hematology
- \_\_\_\_\_ St. Luke's Ophthalmology
- \_\_\_\_\_ St. Luke's Orthopedics
- \_\_\_\_\_ St. Luke's Pediatric Associates
- \_\_\_\_\_ St. Luke's Physical Medicine & Rehab
- \_\_\_\_\_ St. Luke's Plastic Surgery
- \_\_\_\_\_ St. Luke's Pulmonary Medicine
- \_\_\_\_\_ St. Luke's Radiation Oncology
- \_\_\_\_\_ St. Luke's Rheumatology
- \_\_\_\_\_ St. Luke's Surgical Associates\*
- \_\_\_\_\_ St. Luke's Urgent Care
- \_\_\_\_\_ St. Luke's Urology
- \_\_\_\_\_ St. Luke's Vascular Surgery

\*For information from Pavilion Surgery Center, call (218)279-6200.