2340 Hampton Ave.
St. Louis, MO 63139
Ph. (314) 647-2200
www.southamptonhealthcare.com

Authorization for Release of Protected Health Information

I, _____, with DOB:_____/_____/_____ hereby authorize the release of my health information as described below.

1. **Person or Organization Authorized to Release Information**

Name: Southampton Community Healthcare/Southampton Healthcare

Address: 2340 Hampton Ave

City, State, Zip: Saint Louis, MO 63139

Phone: (314) 647-2200

Fax: (314) 647-4172

2. **Person or Organization Receiving Information**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

3. **Specific Information to be Released** (Please check all that apply):

[ ] All Health Information

[ ] Lab/X-ray reports

[ ] Immunization Records

[ ] Medication Lists

[ ] Other (Please Specify): _____

Southampton
COMMUNITY
HEALTHCARE
2340 Hampton Ave.
St. Louis, MO 63139
Ph. (314) 647-2200
www.southamptonhealthcare.com

4. **Purpose of Disclosure** (Please check all that apply):

[ ] At Request of Individual

[ ] Treatment/Continuing Medical Care

[ ] Other (Please Specify): _____

5. **Expiration:** This authorization is valid until (Date: MM/DD/YYYY): _____ or until the occurrence of the following event: _____.

I understand that:

- I may refuse to sign this authorization and that it is strictly voluntary.
- My treatment, payment, enrollment, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient.
- I have the right to revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization.

Signature: _____ Date: _____

If signed by a personal representative, relationship to the patient: _____

Please return this completed form to the address provided above.

NOTE: This form is intended to be HIPAA compliant. If you have any questions or concerns about the use or disclosure of your health information, please contact our Office Manager.