



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): \_\_\_\_\_



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.