Saint Luke's

Authorization Form Patient Instructions

https://www.saintlukeskc.org/

When picking up copies in person, a photo ID will be required as well as a copy of any legal papers (Power of Attorney, Executor of Estate, proof of custody, etc.) verifying legal right to request such information. This form may be used when requesting records to be SENT FROM a Saint Luke's facility or from another health care provider being SENT TO a Saint Luke's facility.

1. Complete the first section with current patient name, date of birth, phone number, address, email and phone.

2. **Request my records from:** List the HOSPITAL, CLINIC (PHYSICIAN), or other Saint Luke's location you are requesting information from. If it is a Saint Luke's hospital/clinic, the address is not necessary. Please specify which Saint Luke's facility you are requesting information from (i.e. Plaza, South, Barry Rd, etc.).

3. **Request records to be SENT to:** If the copies are for personal reasons and you are picking them up - state "Self". If "Self" and the address is the same as the top section, this can be left blank and indicate "same". If the records are being picked up by another person or mailed, please provide the complete name and address of the person/agency/etc. you would like us to give/send the copies to.

4. **Type of records you want:** Mark all documents you would like to receive.
   A. **Complete medical record** will include all documentation included in your chart. This may contain flowsheets, nursing documentation, etc.
   B. **Abstract:** A smaller version of the record may be provided which would include all diagnostic (lab, x-ray, EKG, etc.) data and physician reports. This is generally what most other health care providers like to have.
   C. **Radiology film/tracing/media:** Patients may access imaging on their patient portal and also share to others. In the event a DVD/CD is required, the HIM department can burn a disc as needed.
   D. **Detailed Billing will include either the hospital or provider billing as requested**

5. **Covering the period of health care from:** Admit/Discharge Date: The approximate month and correct year will be accepted if the exact day/date is not known. Use a range of dates if information is being requested from more than one admission or time period (i.e. copies of documents from January 2002 through March 2003 or April through July 2002).

6. **Purpose for Requesting Info:** Why do you want this information copied or sent? (i.e. personal copy, continuation of care by a physician, insurance claim, legal issues, etc.) ***This is optional for patients to fill in***.

7. **How would you like your records delivered?** We can provide a paper version for pick up (locations are limited) or mailed and we have a variety of electronic versions such as secure email (depending on the size of the file), faxing to a provider, and patient portal. Please tell us the delivery method. Fees for paper reproduction do apply.

8. **Signatures:** Patient should sign and date the form. If the patient is unable to sign, see below.
   A. **Authorized Representative:** If the request is being made by an authorized representative of the patient (parent of a minor, person named on Power of Attorney, executor of estate, etc.), sign and date the form. Provide printed name, address, etc. Proof of authorization will be required before releasing information**.**
   B. **Witness Signature:** A witness may sign and date the form in the event that the patient can only make an X or has given verbal permission.

9. **Expiration Date:** Any date not to exceed 12 months from the date of the request may be used to indicate the active state of this authorization. If no date is provided, the authorization will only be valid for 1 year from the date of signature/request as per Saint Luke's policy.

Not a Part of the Permanent Medical Record

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MAILING INFORMATION FOR RELEASE OF INFORMATION

Requests for medical records from Saint Luke's facilities can all be handled through one centralized location. Please send by any of the following methods.

Mail to:
Saint Luke's Hospital Attn: ROI
4401 Wornall Rd Kansas City, MO 64111

Fax to:
816-932-3415

Email to:
kcroi@bjc.org

Please contact the HIM department if you have any further questions:

816-932-3366

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