



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION INSTRUCTIONS FOR COMPLETION

Lehigh Valley Health Network (LVHN) maintains medical records for all services provided at our hospitals, physician office practices (Lehigh Valley Physician Group and Valley Health Partners), home health and hospice services and other outpatient settings both on and off hospital campuses.

Please follow these instructions very carefully and print clearly when completing each section of the "Authorization for Release of Protected Health Information" form so that we may process your request without delay.

Section 1: Patient Information

Enter the patient's name (maiden or former name, if applicable), social security number (last 4 digits), date of birth, address and telephone number.

Section 2: Location(s) of Care

- Check the box for the location of the records you want released.
- If you are requesting records from a practice/provider, write the name and address of the location(s) where you received your care.

Section 3: Release Records to (*Where do you want us to send your medical records?*):

- Enter the name, address and telephone number of the physician or medical practitioner, hospital, company or person to whom information you want us to send your medical records.
- Check the box that best describes the purpose of your request.

Section 4: Method of Sending Records (*How do you want us to send your medical records?*):

- Check the box to tell us how you would like your records sent (please select one)
- Enter the email, fax number or mailing address

Section 5: Specific Dates of Service/Information To Be Released:

- List the timeframe (dates you received care) for the records to be released. If you are unsure of dates of service, use an estimated date and place a question mark (?) next to the estimated date range. Your date range cannot include dates in the future.
- Check the types of information to be released. There may be a charge for copying and processing your records. You may reduce the copying costs by requesting a "record summary" rather than the entire medical record. The "record summary" is a set of key documents such as history and physical, recent test results, operative reports, discharge summaries, consultations, problems list, medication list, and recent office visits routinely provided to physicians for continuing care.
- Check the EXCEPTION box if there are documents you do not want released.

Section 6: Special Authorizations for HIV, Mental Health and Drug/Alcohol Records:

If you are agreeing to the release of information in any of the three (3) special authorization categories, i.e. HIV information, mental health treatment, or drug and alcohol treatment check off the appropriate boxes and sign with your initials. You must check both the “Yes” box and sign with initials for these records to be released.

Section 7: Authorization Signatures

- Either the patient or patient’s legal representative must sign and date the form. ***Electronic signatures are not acceptable.*** Electronic signatures include fonts that typed even if they look like cursive, including DocuSign or similar.
- If you are a Parent/Legal Guardian, Power of Attorney, Next of Kin of Deceased or Executor or Administrator of the Estate for the patient, you must submit a copy of the appropriate legal document that proves you have authority to act on the patient’s behalf. This document must accompany the authorization form.
- Minors 14 & up that have consented to their own care/treatment at the time of service or are emancipated must sign this authorization. Parent/guardian signature is not valid in the case where the minor consented, in writing, to their own care/treatment.
- If you are physically unable to sign this form or sign it with a mark (“X”), the signature of a witness must be obtained.
- For records of deceased patients, you must provide a copy of the Letter of Administration from the Court naming the personal representative. If not available, alternatively supply a copy of the death certificate which names the next of kin. (PA Code 115.29)
- This authorization is valid for 6 months after you sign it. You may make this authorization valid for more or less than 6 months by placing a note with a different date anywhere in the open white space.

[Instructions for Behavioral Health staff only: If obtaining consent from a patient, fill in your name and sign as a staff member with the date. When obtaining verbal consent only, include a second staff member signature and date as well]

Section 8: Contact information - Address/Fax/Email/Phone:

Mail, Fax or E-mail the completed form to the appropriate LVHN location. Contact us by phone as needed. For LVPG or VHP practice records, send your completed authorization to your physician practice. For a listing of LVPG Providers and locations, go to www.lvhn.org and select Find a Doctor.

Fees Charged for Release of Information:

Under Pennsylvania Law, specific charges may apply for release of medical records, including copying and shipping charges. After determining the cost for copying these records, you may receive an invoice from MRO. MRO is a release of information / document management company that processes medical record releases for LVHN