



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 Personal 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

- Enter the name, address and telephone number of the physician or medical practitioner, hospital, company or person to whom information will be released.
- Check the box that best describes the purpose of your request.

Section 4: Method of Sending 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 Information To Be Released/Dates of Service

- List the time period (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.
- 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, Drug and Alcohol Records

If you are requesting release of information in any of the three (3) special authorization categories, i.e. HIV information, mental health treatment, or drug and alcohol testing and 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

- You (either the patient or patient’s legal representative) must sign and date the form.
- 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.
- 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).
- If you are physically unable to sign this form or sign it with a mark (“X”), the signature of a witness must be obtained.
- 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.

Section 8: Contact information, Mailing/Faxing Instructions

Mail, Fax or E-mail the completed form to the appropriate LVHN location. Contact us by phone as needed.

Facility Name:	Mail to:	Or Fax to:	Or E-mail to:	Contact us by phone:
Lehigh Valley Hospital – Cedar Crest/Muhlenberg/ 17th & Chew/Hecktown Oaks/Carbon/Highland Ave/1503 N. Cedar Crest	HIM Cedar Crest Blvd & I-78 PO Box 689 Allentown, PA 18105-1556	610-402-5823	ROI Mack@lvhn.org	610-402-8240
Lehigh Valley Hospital – Hazleton	HIM 700 E. Broad St. Hazleton, PA 18201	570-501-4930	ROI Hazleton@lvhn.org	570-501-4131
Lehigh Valley Hospital – Pocono	HIM 206 E. Brown St. East Stroudsburg, PA 18301-3006	570-476-3709	ROI Pocono@lvhn.org	570-476-3388
Lehigh Valley Hospital – Schuylkill	HIM 700 E. Norwegian St. Pottsville, PA 17901-2710	570-621-4719	ROI Schuylkill@lvhn.org	570-621-4562
Lehigh Valley Hospital – Dickson City	HIM-DC 2100 Mack Blvd/6th Floor Allentown, PA 18103	610-841-5834	ROI Dickson@lvhn.org	484-884-8557
LVPG and VHP Practices/Providers	Please send your completed authorization directly to your physician practice. For a listing of LVPG Providers and locations please go to www.lvhn.org and select Find a Doctor			

Fees Charged for Release of Information:

Under Pennsylvania and New Jersey 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 records releases for LVHN. For more information, please see contact information listed above.