



915 East First Street
Duluth, MN 55805
(218) 249-2003/(218) 249-3076 (fax)

Patient Name: LAST FIRST MI Date of Birth Medical Record Number

I hereby authorize: To Release Information to:
(Individual name, facility/organization and address)

Check one or both:

- St. Luke's Hospital
St. Luke's Clinics
Specify clinics using attached list.
Information from ALL St. Luke's Clinics will be released if clinics are not specified.

PURPOSE OF DISCLOSURE

- () Continuing Care
() Payment of Claim
() School
() Worker's Compensation
() Legal
() For Personal Use
() Other (specify):

INFORMATION TO BE RELEASED: Between Dates of: and

- () Discharge Summary
() H&P Exam/Initial Evaluation
() Consultation Report
() Counselor/Therapist Summary
() Progress Notes/Provider Notes
() Orders
() ER/Urgent Care/QCare
() X-Ray Reports
() X-Ray Films/MRI
() Diagnostic Test Reports
() Procedure Reports
() Lab Reports/Pathology
() Correspondence
() Itemized Billing Statement

() Other (Specify content and dates):

ACKNOWLEDGEMENT OF UNDERSTANDING:

- I understand the expiration date of this authorization is one year.
I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken.
I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations.
I understand by authorizing this use or disclosure of information, there will be no conditions placed on my health care or payment for my health care.
I understand that in compliance with MN Statute 144.292 and WI Administrative Code HHS117, I may be required to pay a fee for retrieval and photocopying of records and/or supervising inspection of medical records.
I understand that my medical information may include information relating to sexually transmitted diseases, sickle cell anemia, AIDS, HIV, behavioral or mental health services and treatment for alcohol and drug abuse.
Psychotherapy notes will not be released per facility policy and HIPAA privacy rules, 45 CFR Parts 160 and 164, 164.502

Signature of patient, parent of minor, or personal representative Relationship Date Phone

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION



_____ Bay Area Health Center	_____ St. Luke's Endocrinology
_____ Chequamegon Clinic	_____ St. Luke's Gastroenterology
_____ Denfeld Medical Center	_____ St. Luke's Infectious Disease
_____ Duluth Internal Medicine Associates	_____ St. Luke's Internal Medicine
_____ Hibbing Family Medical Center	_____ St. Luke's Mental Health
_____ Laurentian Medical Clinic	_____ St. Luke's Obstetrics & Gynecology
_____ Lester River Medical Clinic	_____ St. Luke's Occupational Health
_____ Mariner Medical Clinic	_____ St. Luke's Oncology
_____ Miller Creek Medical Clinic	_____ St. Luke's Ophthalmology
_____ Mount Royal Medical Clinic	_____ St. Luke's Orthopedics
_____ P.S. Rudie Medical Clinic	_____ St. Luke's Pavilion Surgery
_____ Q Care St. Luke's Express Clinic	_____ St. Luke's Pediatric Assoc.
_____ St. Luke's Allergy and Immunology	_____ St. Luke's Plastic Surgery
_____ St. Luke's Cardiothoracic Surgery Assoc.	_____ St. Luke's Pulmonary Medicine
_____ St. Luke's Cardiology Associates	_____ St. Luke's Radiation Oncology
_____ St. Luke's Dermatology	_____ St. Luke's Rheumatology
_____ St. Luke's Neurosurgery Associates	_____ St. Luke's Surgical Associates
_____ St. Luke's Physical Medicine and Rehab	_____ St. Luke's Urgent Care
	_____ St. Luke's Urology