



Washington University Physicians

Washington University School of Medicine in St. Louis

Authorization for Release of Health Record Information

I hereby authorize University Pediatric Associates, LLC to transfer, release or obtain information on:

(Name of Patient)

(Date of Birth)

(Social Security Number)

OBTAIN FROM: _____ (Physician/Institution) _____ (Attention) _____ (Address) _____ (Address) _____ (City, State, Zip) _____ (Phone) (Fax)	DISCLOSE TO: _____ (Physician/Institution) _____ (Attention) _____ (Address) _____ (Address) _____ (City, State, Zip) _____ (Phone) (Fax)
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For the purpose of:

<input type="checkbox"/> Continuing Medical Care	<input type="checkbox"/> Legal Purposes
<input type="checkbox"/> Insurance	<input type="checkbox"/> Social Security/Disability
<input type="checkbox"/> School	<input type="checkbox"/> Patient's Request
<input type="checkbox"/> Military	
<input type="checkbox"/> Other (specify) _____	

Date(s) of Treatment: Specific Dates: _____ thru _____ All dates

Please Check Specific Information Requested

<input type="checkbox"/> All Records	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> X-Ray Reports	<input type="checkbox"/> Operative Report
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Operative Notes
<input type="checkbox"/> Pathology	<input type="checkbox"/> Nurses Notes	<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Medication Records	<input type="checkbox"/> Nuclear Medicine Report	<input type="checkbox"/> Billing Information (to be released by PBS)
<input type="checkbox"/> Other (specify) _____		

Note: This authorization does not allow release of radiology films or pathology slides

Psychotherapy Notes: This authorization does not include permission to release outpatient Psychotherapy Notes. Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical record.

Release of Psychotherapy Notes requires a separate authorization.

