Mercy
HEALTH SERVICES

Authorization for Disclosure of Protected Health Information (PHI)

Patient Last Name	Patient First Name	Patient Middle Initial	Patient Phone Number

Social Security Number	Date of Birth	Address

I, the undersigned, hereby authorize the above named provider or medical facility to disclose in writing to the individual, entity, facility, or company named below my PHI contained in my medical record. I further authorize the above named provider or medical facility to disclose my PHI electronically and/or discuss my PHI verbally with the individual, entity, facility, or company named below. I hereby authorize the disclosed PHI to include (check ***all*** that apply):

Items 1 through 7 must be completed.

1. Check off the location(s) you are requesting records from (check all that apply):

☐ Mercy Medical Center (Includes Inpatient, Same Day Surgery, Observation, and Emergency Department Visits)
☐ Physician/Provider/Location (fill in name or check off location on page 2): _____

2. Check the type of records to be released (check all that apply):

☐	Inpatient	☐	Emergency Dept.	☐	Detox Unit-requires a separate authorization
☐	Same Day Surgery	☐	Outpatient Testing (lab, radiology)		
☐	Physician Office Visit	☐	Other (please specify):		

3. Check specific information to be released (check all that apply):

☐	Bills	☐	Hospital Discharge Summary	☐	Physician Orders
☐	Consultation	☐	Implant Record	☐	Progress Notes
☐	Demographic Sheet	☐	Laboratory Reports	☐	Radiology Films/Imaging
☐	EKG/Catheterization Reports	☐	Nurse's Notes	☐	Radiology Reports
☐	Emergency Room Records	☐	Operative Reports	☐	Any and All Records
☐	History and Physical	☐	Pathology report	☐	Other (please specify):

4. Please specify the date(s) of service below

Date From: MM/DD/YYY or MM/YYYY	**Date to:** MM/DD/YYY or MM/YYYY

5. The information may be disclosed to and used by the following:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____

6. FORMAT: I request that the copy be provided (where possible/available)

☐ On paper ☐ Electronically on a password protected CD
☐ Through a web portal, with notice provided to my email account at: _____

7. The purpose of this disclosure or use is for the following reason:

☐ Medical ☐ Legal ☐ Disability ☐ Insurance ☐ At the request of the patient ☐ other _____

The PHI provided under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol and substance abuse, communicable diseases (including (HIV/AIDS), reproductive health, and/or genetic marker information. I understand and agree to the following:

- Mercy Health Services does not condition health care treatment I am otherwise entitled to on whether I sign this authorization.
- I understand that the medical records to be accessed may contain medical information pertaining to psychiatric, drug, and/or alcohol, HIV/AIDS diagnosis and treatment.
- This authorization may include records received from other healthcare providers that are part of my Mercy medical record.
- This authorization will expire one (1) year after the date of my signature below unless a shorter time period is stated here _____. (Must be a time period or date, not an event or condition).
- Information used or accessed under this authorization may be re-disclosed by the recipient and no longer protected by federal law but may be protected under Maryland law.
- I am free to revoke this authorization at any time by submitting a written request to the entity/provider disclosing the PHI. Any uses or disclosure of my PHI prior to receipt of the revocation cannot be reversed and will not be covered by the revocation. Please send written request to the Health Information Services Department at Mercy Medical Center.

Signature of Patient (or Legally Appointed Representative)	**Date**	**Printed name of Legally Appointed Representative** (if applicable) **Relationship to Patient**

Documentation establishing authority of Legally Appointed Representative
(Duly appointed Personal Representative, Health Care Power of Attorney, Advanced Directive, Parent of Minor Child, etc.)

Below is a listing of Mercy Health Services locations. This is not an all-inclusive. Please use this to assist you on filling in the Physician/ Provider/Location. For additional information on Mercy Physicians and Centers, please see our website at https://mdmercy.com/.

Check all that apply

☐ Baltimore OB/GYN at Mercy	☐ Rheumatology
☐ Breast Reconstruction and Restoration	☐ The Bose Medical Group
☐ Business/Employee Health Services	☐ The Center for Endocrinology
☐ Center for Advanced Fetal Care	☐ The Center for Interventional Pain Medicine
☐ Cosmetic Medicine and Surgery	☐ The Center for Minimally Invasive Surgery
☐ Dermatology	☐ The Center for Neurogastroenterology and GI Motility
☐ Hoffman & Associates OB/GYN	☐ The Center for Restorative Therapies
☐ Maryland Family Care Physicians/Downtown Pediatrics	☐ The Gynecologic Oncology Center
☐ Medical Oncology/Hematology	☐ The Heart Center
☐ Mercy Anatomic Pathology	☐ The Hoffberger Breast Center
☐ Mercy Medical Center	☐ The Institute for Cancer Care
☐ Mercy Personal Physicians in Canton	☐ The Institute for Digestive Health & Liver Disease
☐ Mercy Personal Physicians in Columbia	☐ The Institute for Foot and Ankle Reconstruction
☐ Mercy Personal Physicians in Downtown	☐ The Institute for Gynecologic Care and Oncology
☐ Mercy Personal Physicians in Ellicott City	☐ The Lung Center
☐ Mercy Personal Physicians in Glen Burnie	☐ The Maryland Bariatric Center
☐ Mercy Personal Physicians in Hunt Valley	☐ The Maryland Spine Center
☐ Mercy Personal Physicians in Lutherville	☐ The Minimally Invasive Brain and Spine Center
☐ Mercy Personal Physicians in Manchester or Westminster	☐ The Neurology Center
☐ Mercy Personal Physicians in Overlea	☐ The Shoulder, Elbow, Wrist and Hand Center
☐ Mercy Personal Physicians in Reisterstown	☐ The Urology Specialists of Maryland
☐ Metropolitan OB/GYN	☐ The Vascular Center
☐ Orthopedics and Joint Replacement	☐ Transitional Care Unit
☐ Plastic and Reconstructive Surgery	
☐ Radiology/Imaging at Glen Burnie Personal Physicians	☐ Stella Maris Long Term Care and Rehab
☐ Radiology/Imaging at Hunt Valley Personal Physicians	☐ Stella Maris Home Hospice
☐ Radiology/Imaging at Lutherville Personal Physicians	☐ Stella Maris Home Health
☐ Radiology/Imaging at Mercy Medical Center	☐ Stella Maris Hospice Inpatient Unit
☐ Radiology/Imaging at Overlea Personal Physicians	☐ Stella Maris Counseling Center
☐ Other (please specify):	
☐ Mercy Health Services (includes Mercy Medical Center and all providers/locations)	