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