

INSTRUCTIONS: RELEASE OF PROTECTED HEALTH INFORMATION AUTHORIZATION

In order to release medical records, please complete the enclosed
Authorization to Release Protected Health Information.

ALL AREAS MUST BE COMPLETED OR THE RELEASE WILL BE UNABLE TO BE PROCESSED.

In order to process your request as quickly as possible we ask that you follow these instructions carefully.

1. At the top of the form, please fill out the Patient's Full Name, Date of Birth, Telephone Number and Address
2. Please check if you would like us to release information to and/or exchange information with the identified party
3. In Address Box to the left Please indicate what Southwood Program you would like information to be released from/ exchanged with

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| Southwood Hospital 2575 Boyce Plaza Rd. Pittsburgh PA 15241 412-257-2290 | Southwood Choices 311 Station Street Bridgeville PA 15241 412-257-2290 | Southwood IDD-ASD 342 Linden Creek Rd. Canonsburg PA 15317 724-338-4200 | Southwood Family-Based 342 Linden Creek Rd. Canonsburg PA 15317 724-338-4080 |
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4. In the address box to the right please indicate the name, address, phone and fax number of what person/facility you would like Southwood to release/exchange information with.
5. Please check the document for the types of records you would like released. More than one can be selected. If selecting "Two-Way Verbal Communication" indicate what type of information you would like released under the "Other (specify)" option (Ex. Oral communication regarding aftercare plans). "Other" can also be used if a specific document you would like released is not specified on the form. Please be specific.
6. Please check the purpose or need for the disclosure. You may check "Other" and specify the reason if it is not listed (Ex. Social Security Benefits). Please be specific.
7. Please check whether you would like Alcohol, Drug or substance abuse records, HIV testing & Results, and/or Mental Health Records. You may check more than one option. Please enter the correct dates of services for which you are requesting your records next to your selection(s). (This may be a range such as January 2016 through December 2016.)
8. The authorization is valid only if received with 60 days of being signed. The authorization will expire at the time of disclosure of requested information unless you specify a date on the form. This date cannot exceed 180 days after the date signed.
9. Sign and Date the authorization. If a patient is 14 years of age or older they must sign the release. If you are signing as a parent/legal guardian...etc. Please indicate your relationship to the patient.
10. Have a Witness Sign and Date the authorization. (This can be someone in your household, a friend, etc.)

If you have any questions about completing the form please contact Southwood Hospital's Medical Records Department at 412-257-2290 ext. 254 and the staff will be happy to assist you.

Please mail the completed form to:

Southwood Hospital
Attention: Medical Records Department
2575 Boyce Plaza Road
Pittsburgh PA 15241

OR

Fax: 412-206-0217 Attention: Medical Records Department.