

Authorization for release patient health information

ASU Employee Health, 1492 S Mill Ave Suite 105, Tempe, Arizona 85281

Phone: 602-496-1917 | Fax: 480-965-2058

I request ASU Employee Health to **release** my medical records to:

Name of facility or recipient: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Type of medical information requested

Complete medical record

Or records limited to: (**check all that apply**)

Medical history documentation

Workers compensation records

Immunizations

Vision and hearing screening

Consolation, progress and treatment notes

Insurance and billing records

Laboratory results

Records sent by other health care providers

Radiology reports, records and images

Other: _____

Purpose of request:

Continued care

Legal

Other: _____

Employment

Personal use

Insurance

Referral

Patient name: _____ ASU ID#: _____
(First) (Middle Initial) (Last)

Date of birth: _____ / _____ / _____ Phone: _____
(MM/ DD/ YYYY)

Street address: _____ City / State / Zip: _____

X _____
Signature of Patient or Legally Responsible Representative

Date (MM/DD/YYYY)

Unless specifically excluded, this authorization includes: Confidential HIV-related information, confidential communicable disease related information, confidential alcohol or drug abuse related information, mental health diagnosis/treatment information

This authorization will expire automatically six months from the date it is signed. I understand I may revoke this authorization at any time by written notice. My cancellation will take place when Medical Records receives my written notice, but will not affect information previously released. If I have questions about the disclosure of my health information, I can contact the Medical Records manager. **Important: This information is subject to re-disclosure.**

ASU Employee Health medical record copying fees

Copies via Patient Portal - **No fee**

1-10 pages – **No fee**

11- 50 Pages – \$5.00

51-149 Pages - \$10.00

Charts over 150 pages - \$15.00 plus \$0.10/page

Records faxed or mailed for continuing care - no fee

