

Patient Label

UCI Health

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

| | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|---|---|---|--|---|--|---|---|------------------------------|--|--------------------------------|--|--|
| Patient Information | Patient Name: _____ MRN: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Date of Birth (MMDDYYYY): _____ Last 4 of SS# _____ | | | | | | | | | | | | | | | | | |
| Specify Healthcare Facility | <input type="checkbox"/> UCI Health Hospitals/Clinics <input type="checkbox"/> UCI Neuropsychiatric <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | |
| Release Records to <i>Where do you want records sent?</i> | I authorize UCI Health to release my PHI to: Name of Hospital/Clinic/Person: _____ Address: _____ City, State & Zip Code: _____ Phone: () _____ FAX: () _____ *E-Mail Address: _____ *Note: Please provide your email address to receive an email status of your request. | | | | | | | | | | | | | | | | | |
| <i>Who do you want to receive records?</i> | If you would like a designee** to pick up your records, please fill out section below: I authorize _____ to pick up my medical record copies. Relationship to patient: _____ **Note: Designee must provide valid photo ID | | | | | | | | | | | | | | | | | |
| Delivery Instructions <i>(please select one)</i> | <input type="checkbox"/> CD <input type="checkbox"/> E-Mail (NPH does not release via email) <input type="checkbox"/> Paper Copy <input type="checkbox"/> Call Requestor when records are ready for pick up <input type="checkbox"/> myUCIhealth (Mychart) Note: If left blank, a CD will be provided. | | | | | | | | | | | | | | | | | |
| Purpose <i>What is the purpose of this release?</i> | <input type="checkbox"/> At the request of the patient/patient representative <input type="checkbox"/> Other (state reason): _____ | | | | | | | | | | | | | | | | | |
| Health Information to be Released: <i>What records are being requested?</i> | Type of Records: <table border="1"><tr><td><input type="checkbox"/> Billing Statements</td><td><input type="checkbox"/> Emergency Reports (ER)</td><td><input type="checkbox"/> Pathology Reports</td></tr><tr><td><input type="checkbox"/> Consultations</td><td><input type="checkbox"/> History & Physical Exams</td><td><input type="checkbox"/> Progress Notes</td></tr><tr><td><input type="checkbox"/> Covid replacement card</td><td><input type="checkbox"/> Immunization Record</td><td><input type="checkbox"/> Radiology Images</td></tr><tr><td><input type="checkbox"/> Discharge Summary</td><td><input type="checkbox"/> Laboratory Reports</td><td rowspan="2"><input type="checkbox"/> TeleDoc (UCI oncall virtual visit)</td></tr><tr><td><input type="checkbox"/> EKG</td><td><input type="checkbox"/> Operative Reports</td></tr><tr><td colspan="3"><input type="checkbox"/> Other</td></tr></table> | <input type="checkbox"/> Billing Statements | <input type="checkbox"/> Emergency Reports (ER) | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Consultations | <input type="checkbox"/> History & Physical Exams | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Covid replacement card | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Radiology Images | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> TeleDoc (UCI oncall virtual visit) | <input type="checkbox"/> EKG | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Billing Statements | <input type="checkbox"/> Emergency Reports (ER) | <input type="checkbox"/> Pathology Reports | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> History & Physical Exams | <input type="checkbox"/> Progress Notes | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Covid replacement card | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Radiology Images | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> TeleDoc (UCI oncall virtual visit) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Operative Reports | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | |

COMPLETING AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

To protect our patient's confidential medical information, we must have a valid, complete and legible authorization to disclose their health information.

All sections of this authorization must be completely filled out before UCI Health is permitted to disclose your protected health information.

Notice

UCI Health and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

Revocation

I may revoke this authorization at any time, provide that I do so in writing and submit it to:

UCI Health
101 The City Drive. Building 25A
Orange, CA 92868
Fax: (888) 522-3679 | Phone: (714) 456-5670

The revocation will take effect when UCI Health receives it, except to the extent that UCI Health or others have already relied on it.

My Rights

I understand this authorization is voluntary. Treatment, payment enrollment or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for:

- 1) Conducting research-related treatment.
- 2) Obtaining information in connection with eligibility or enrollment in a health plan.
- 3) Determining an entity's obligation to pay a claim.
- 4) Creating PHI to provide to a third party.

I am entitled to receive a copy of this Authorization.

**Requesting records using the UCI Health patient portal is available for patients and their proxies. Visit myUCIhealth at:
<https://www.my.ucihealth.org> or call (833) 469-2478 for more information.**