I authorize the following facility(s):				
<ul><li>□ Allegheny General Hospital</li><li>□ Allegheny Valley Hospital</li><li>□ Canonsburg Hospital</li><li>□ West Penn Hospital</li></ul>	<ul><li>Forbes Hospital</li><li>Jefferson Hospital</li><li>Saint Vincent Hospital</li></ul>	☐ Physician Office (provider name):		
	Other Facility:			
to release information from the reco	rd of:			
Patient Name:		Date of Birth:		
Address:				
Street	City	State	Zip code	
Patient Phone Number:		<u> </u>		
as described below, the information	will be released to:			
Facility/Person to Receive Records				
Phone	Fax			
Street	City	State	Zip code	
I have been a patient at your facility, or	am the patient's authorized representative. I	understand that the facility has legally	protect-	
	person I represent. I understand that signing o		reatment	
I receive in any way. The facility canno	t require me to sign the authorization in order	to receive treatment.		
The following information or copies	of (place a check by types of records desire	ed):		
☐ Consultation Reports	☐ History & Physical Exam	Physician Orders	☐ Physician Orders	
☐ Discharge Summary	☐ Medication Administration Records	☐ Physician Progress Reports		
<ul><li>□ Laboratory Reports/Tests</li><li>□ EKG Report</li></ul>	<ul><li>Operative Report</li><li>Rehabilitation Records</li></ul>	☐ Psychiatric/Psychological Evaluation		
□ Nurses Notes	□ Pathology Report	□ Radiology Report		
☐ Emergency Department Report		labs, EKGs, ORs, D/C summaries, ER reports)		
☐ Entire clinical record	☐ Billing or other business records (specify):			
□ Other (specify):				
HIV, mental health, and drug/alcohol through this authorization unless of	information contained in the parts of the reherwise indicated. <b>Do not release:</b>	ecords indicated above will be rele	ased	
☐ Drug/Alcohol	□ HIV	☐ Mental Health (Psychiatric)		
Reason for Request:				
☐ Continuing treatment	☐ Employer	☐ Insurance ☐ Study/Rese	arch	
☐ Legal ☐ Other:	☐ Disability	☐ I do not wish to disclose the re	ason	





Authorization for Release of Protected Health Information

HIM-1000-001 Rev. 12/18-front

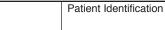
Patient Identification

(over)...

Dates of Service for record requests	:			
This authorization will expire in six n	nonths or:			
•	by law, will accompany all records released checked off or listed will be released.	. Release of my record	ls will be for the purpose	
already taken action in reliance upor specified. I also understand and agre writing and delivered to the Privacy ( able to pay for my medical care, and may redisclose information which I h	s subject to revocation at any time, except to it. A photocopy or facsimile of this authorize that this authorization will terminate as sofficer. My decision to revoke the authorization understand that I may be responsible for nave authorized them to receive and the infonable to sign, I may provide oral authorization.	zation will be considered et forth above unless I tion may result in my in payment of the claim. I prmation will no longer	ed valid unless otherwise revoke this authorization in surance company not being understand that recipients be protected by federal pri-	
Patient or Representative Signature		Date	Time	
	nd authority to act			
	Power of Attorney, supporting documentation			
·			•	
Thirlood digitators	□Copy accepted □Copy ref			
•	nust be sent directly to the corresponding fa fax number. Below is the contact information		e. The provider's office should	
Allegheny General Hospital	Allegheny Valley Hospital	Canonsburg	Canonsburg Hospital	
Attn: Medical Records Dept.	Attn: Medical Records Dept.	Attn: Medical Records Dept.		
320 East North Avenue	1301 Carlisle Street	100 Medical Boulevard		
Pittsburgh, PA 15212	Natrona Heights, PA 15065	Canonsburg, PA 15317		
Phone: 412-359-4282	Phone: 724-226-7095	Phone: 724-745-6100, option 2		
Fax: 412-359-3260	Fax: 724-226-7494	Fax: 724-873-5890		
Forbes Hospital	Jefferson Hospital	Saint Vincent	Saint Vincent Hospital	
Attn: Medical Records Dept.	Attn: Medical Records Dept.	Attn: Medical F	Attn: Medical Records Dept.	
2570 Haymaker Road	565 Coal Valley Road	232 West 25th	232 West 25th Street	
Monroeville, PA 15146	Jefferson Hills, PA 15025	Erie, PA 16544		
Phone: 412-858-3296	Phone: 412-469-5669	Phone: 814-452-5070		
Fax: 412-858-2341	Fax: 412-469-5678	Fax: 814-454-2348		
West Penn Hospital				
Attn: Medical Records Dept.				
4800 Friendship Avenue				
Pittsburgh, PA 15224				
Phone: 412-578-1686				



Fax: 412-578-1665





Authorization for Release of Protected Health Information