

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 possibly we ask that you follow these instructions carefully.

Line 1: Write WPIC

Line 2: Write the patient's full name and birth date, SSN or MRN

Line 3: Write the name and phone number, fax or email address where the records are to be sent

Line 4: Enter the full mailing address where the records are to be mailed

Line 5: Enter the purpose (reason you are requesting records), some examples are continuity of care, personal use, legal review, etc.

Part 1:

- Check the boxes for the types of records you need, more than one box may be checked.
- Enter the correct dates of services for which you are requesting your records (this may be a range such as January 2015 through December 2015.)
- ***In the box below this section make sure you check the box indicating that you are authorizing the release of Mental Health Information and/or Drug and Alcohol information as applicable***

Part 2:

- Indicate what records you would like to be released, be specific and use the Other box if needed
- The authorization will expire in 90 days from the date of your signature but you may date this authorization to be valid for up to one year
- Sign and Date the authorization if 14 years or older. I under 14 parent or legal guardian must sign
- 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 WPIC HIM department at 412-586-9270 and the staff will be happy to assist you.

Mail:

Western Psychiatric Institute and Clinic
HIM ROI Depart.
3811 O'Hara Street, Suite A-34
Pittsburgh, PA 15213

FAX

412-586-9290, attention ROI Staff.

EMAIL:

wpicroi@upmc.edu

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