Stanford Health Care (SHC)
300 Pasteur Drive
Stanford, CA 94305
Phone: 650-723-5721

RELEASE OF ELECTRONIC HEALTH INFORMATION (EHI) EXPORT FILE(S)

The EHI Export file(s) contain all of your billing records and medical information found within your legal medical record through Stanford Medicine (e.g., Stanford Health Care, Stanford Medicine Partners, and Stanford Health Care Tri-Valley).

When you complete and sign this form, electronic health information (EHI) about you will be released as you describe in the form. Please read each section carefully and complete the required sections before signing. Please clearly and legibly print all information when completing this form and sign on the last page.

SECTION A: PATIENT INFORMATION

*Patient's name: Last:*_____ *First:*_____ *MI:*_____

Date of birth: _____ *Phone number:* _____ *Medical Record Number:* _____

SECTION B: AUTHORIZATION

**Please check the box next to the manner in which you would like your information released:

YOU AUTHORIZE YOUR ELECTRONIC HEALTH INFORMATION (EHI) TO BE RELEASED IN THE FOLLOWING MANNER:

❑ **To your Stanford Health Care electronic health portal (e.g., MyHealth)**
❑ **Upload to an encrypted CD/DVD**

Please specify the one person or institution you authorize to receive your health information:

DISCLOSE TO:_____
(Person/organization authorized to receive the information)

at the following address:_____
(Street)

_____
(City, State and Zip Code)

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SECTION C: THE HEALTH INFORMATION

Please describe the specific health information you would like released by completing the appropriate information below. Certain specific health information (e.g., mental health information) requires a separate indication from you in order for us to release that information. The EHI Export File(s) cannot be separated based on a specific date range (it will include all of your medical history) or the specific Stanford Medicine entity where you received care.

You must both check the box and initial next to the box to authorize the release of the information described after the box.

❑ _____Check here ***and initial*** next to the box if you would like your entire medical record and billing records released.

C.1: Mental Health Information

❑ _____Check here ***and initial*** next to the box if you'd like your psychiatric care and services *(e.g., G2 or H2 hospital unit [Stanford Health Care], or Legends Unit [Stanford Health Care Tri-Valley]; outpatient psychiatric services at Stanford Health Care Outpatient Psychiatric Clinic located at 401 Quarry Road, Palo Alto, CA; and/or outpatient psychiatric services provided at the Outpatient Sports Psychology at Arrillaga located at 341 Galvez Street, Stanford, CA)* included in the EHI export release.

Please note that the physician, licensed psychologist, social worker or marriage/family therapist who was in charge of your care may deny release of your information in limited circumstances.

IMPORTANT NOTE ABOUT MENTAL HEALTH INFORMATION: If you received mental health services, such as psychiatric consult, when you were an inpatient **not** on the G2 or H2 (Stanford Health Care), or Legends Unit (Stanford Health Care Tri-Valley) hospital inpatient psychiatric units or when you were an outpatient in one of the outpatient clinics other than Outpatient Psychiatric Clinic at 401 Quarry Road, Palo Alto, CA, or Sports Psychology at Arrillaga, 341 Galvez Street, Stanford, CA, the mental health notes in your general record will be released. We will release all information in the general record which may include mental health notes if you were seen in locations other than the inpatient psychiatric unit or the outpatient psychiatric clinic. We will not exclude or redact information that is included in the general record for releases that you authorize, including mental health notes in the general record.

C.2: Sensitive Health Information

❑ _____ Check here ***and initial*** next to the box if you'd like the following information included in the EHI export release:

- **HIV Lab Test Results**

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- **Hereditary Disorder Test Results** – Hereditary Tests include antenatal, neonatal, childhood and adult hereditary disorder screening records and/or related genetic counseling services provided in the Genetic Counseling Department (all test results and records generated as part of the Hereditary Disorders Program). The release of this information may involve the following risks: re-disclosure by the recipient of Hereditary Disorder test results, loss or compromise of insurance benefits or employment status. The release of this information may involve the following benefits: predetermination of genetic conditions, coordination of care and treatment options.

- **Family Planning Services** – Family Planning, Access, Care and Treatment (FPACT) services may include clinical services, drug and supply services or laboratory services provided at the Gynecology Clinic (GYN) or the Reproductive Endocrinology and Infertility (REI) Clinic. If a minor has received family planning services, the release of these records requires authorization from the minor.

  Please note that the physician, licensed psychologist, social worker or marriage/family therapist who was in charge of your care may deny release of your information.

SECTION D: EXPIRATION

This authorization will automatically expire once the EHI export is provided by Stanford Health Care or its affiliates.

SECTION E: YOUR PRIVACY RIGHTS & EHI EXPORT CONSIDERATIONS

- You may refuse to sign this authorization. Your refusal will not affect your ability to obtain treatment or insurance payment or eligibility for benefits.
- You may revoke this authorization at any time prior to the EHI export file(s) release. This authorization will expire upon release of the EHI export file(s).
- You have a right to receive a copy of this authorization.
- **The information in the exported file may not be understandable to you;**
  - **The raw data is intended, and formatted, for computer-readability only.**
- The export file may contain information that you may not have discussed with your provider(s);
- The export file may contain information that you do not want shared with others; and
- The export file may contain unanticipated, unforeseen errors (e.g., inadvertent shifts in text/data, information not intended for disclosure, missing information, or other errors).

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SECTION F: CAUTIONS BEFORE SIGNING

- Your health information that will be disclosed as a result of you signing this authorization could be re-disclosed by the recipient. If this occurs, your re-disclosed health information may no longer be protected by state or federal privacy law. Please note that if you wish to impose restrictions on the recipient's use of the health information, you must contact the recipient directly.
- If you have questions about your privacy rights, please contact the Stanford Health Care Compliance & Privacy Department at 650-724-2572.
- If you have questions about this authorization form or the release of your health information, please communicate with the Stanford Health Care Compliance & Privacy Department. If you have further questions regarding the further release of your medical record information, please contact the Stanford Health Care HIMS Department at 650-723-5721.

SECTION G: CONFIRM AUTHORIZATION

Please sign and date this form to authorize Stanford Health Care to release your information as stated on this form.

Name of patient (please print):_____

Name of legal representative signing this form, if applicable (please print):_____

*Relationship to patient:*_____

Address of patient or legal representative signing this form (please print): _____

Phone number of patient or legal representative signing this form:_____

If you are not the patient and you are signing this authorization form, describe your authority to sign on behalf of the patient and **PLEASE PROVIDE SUPPORTING LEGAL DOCUMENTATION:**

_____

_____

Signature of patient or legal representative:

_____ Date:_____

A COPY OF THIS AUTHORIZATION FORM MUST BE GIVEN TO THE REQUESTOR

(For Office Use Only)

Patient/Representative Identification Verified: ***SHC ROI Staff Initials:***_____