YORK GENERAL

PDAPHI

Patient Directed Request for Health Information (ROI)

Complete this form if you want YGH to give a copy of your Protected Health Information (or PHI) to yourself or another person, such as your spouse or employer. PHI may include, but is not limited to: Medical records, billing statements, laboratory or pathology, radiology/ultrasound records and other medical information.

Patient Name:_____ Date of Birth: _____/_____/_____

Address:_____City:_____ State:_____ Zip:_____

Phone:_____

I request my PHI (excluding sensitive lab results and psychotherapy notes) **from York General to be disclosed**:

☐ to Self and/or the following:

Recipient Name	Relationship to you	Address	Telephone

Authorization applies to ALL PHI, unless specified here:

_____

How should they be delivered? _____ Mailed _____ Picked Up _____Faxed to number:_____

If you would like this release of information to be a ONE time authorization, please fill out the section below:

Covering the period: Date(s) of Service: _____ Through _____.

OR

If you would like this release of information to be a continuous authorization, please fill out the section below:

Expiration date of authorization (if no date is listed, authorization automatically expires 12 months after original date of request): _____.

I understand once my PHI has been released, it is no longer protected by the federal privacy regulations. I may **revoke or change** this request at any time by submitting a request in writing to the Privacy Officer at York General Hospital.

_____ _____

Signature of Patient or Authorized Representative Date

(Must provide copies of Legal paper work for legal representative)

_____ _____

Print Name Relationship to Patient (if applicable)

For Staff Use Only

(When releasing records, have the patient fill out this form or if there is already a continuous authorization on file, print it from their chart, fill out the chart below and route the completed form to HIM for record keeping.)

Date Released	Released By:	Released to:	Encounter Number: