

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

| PATIENT INFORMATION | | | |
|---|---|--|---|
| Medical Record # _____ | Birth Date: <u> </u> mm / <u> </u> dd / <u> </u> yy | Last four digits Social Security Number: _____ | |
| Patient Name: Last _____ First _____ MI _____ | | Other Names Used: _____ | |
| Phone: () _____ | <input type="checkbox"/> Home <input type="checkbox"/> Cell | <input type="checkbox"/> Phone Message Okay | Email: _____ |
| RELEASE MEDICAL RECORDS TO: | | | |
| Name: _____ | | | |
| Address: _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Phone: _____ | Fax: _____ | Email: _____ | |
| TYPE OF FORMAT (Check one) | | TYPE OF DELIVERY (Check one) | |
| <input type="checkbox"/> Paper | <input type="checkbox"/> CD | <input type="checkbox"/> Mail | <input type="checkbox"/> Fax |
| | | <input type="checkbox"/> Pick Up | <input type="checkbox"/> Email (secure) |
| TREATMENT DATES and LOCATIONS | | | |
| From: <u> </u> mm / <u> </u> dd / <u> </u> yy to <u> </u> mm / <u> </u> dd / <u> </u> yy | | | |
| <input type="checkbox"/> Zuckerberg San Francisco General Hospital and Trauma Center | | <input type="checkbox"/> Laguna Honda Hospital and Rehab Center | |
| <input type="checkbox"/> Balboa Teen Health Center | <input type="checkbox"/> Behavioral Health Services 1380 Howard Street | <input type="checkbox"/> Ocean Park Health Center | <input type="checkbox"/> Southeast Health Center |
| <input type="checkbox"/> Castro Mission Health Center | <input type="checkbox"/> Curry Senior Center | <input type="checkbox"/> Potrero Hill Health Center | <input type="checkbox"/> Tom Waddell Urban Health Center (230 Golden Gate Avenue) |
| <input type="checkbox"/> Chinatown Public Health Center | <input type="checkbox"/> Larkin Street Youth Center | <input type="checkbox"/> S.F. Behavioral Health Center 887 Potrero Avenue | <input type="checkbox"/> Tom Waddell Urgent Care (50 Dr Tom Waddell Place) |
| <input type="checkbox"/> Cole Street Youth Center | <input type="checkbox"/> Maxine Hall Center | <input type="checkbox"/> Silver Avenue Health Center | <input type="checkbox"/> Youth Guidance Center |
| <input type="checkbox"/> Other Location: _____ | | | |
| PURPOSE OF REQUEST (45 CFR 164.508) | | | |
| <input type="checkbox"/> Personal Use (Copies) | | <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Legal Purpose |
| <input type="checkbox"/> Disability Claim | | <input type="checkbox"/> Insurance | <input type="checkbox"/> In-Person Review of Records |
| <input type="checkbox"/> Other (please specify): _____ | | | |
| PLEASE CHECK ITEMS TO BE RELEASED | | | |
| <input type="checkbox"/> Pertinent Packet: Discharge Summary, Operative Report, Lab, X-ray, Consultation, Pathology | | | |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Emergency Room Record | <input type="checkbox"/> EKG/ Echo | |
| <input type="checkbox"/> History & Physical Exam | <input type="checkbox"/> X-Ray/ CT/ MRI/ ULT/ NM | <input type="checkbox"/> Immunizations | |
| <input type="checkbox"/> Consultation Report(s) | <input type="checkbox"/> Progress Note(s) | <input type="checkbox"/> Lab | |
| <input type="checkbox"/> Operative Report(s) | <input type="checkbox"/> Complete Health Record | <input type="checkbox"/> Dental | |
| <input type="checkbox"/> Anesthesia Record | <input type="checkbox"/> Implant Record | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Pathology Report(s) | <input type="checkbox"/> Substance Use Disorder Treatment Records** | <input type="checkbox"/> Mental Health Records** | |
| **SPECIAL AUTHORIZATIONS - Requires additional signatures and dates below. | | | |
| Substance Use Disorder Treatment Records | Signature _____ | Date | <u> </u> mm/ <u> </u> dd/ <u> </u> yy |
| Mental Health Treatment | Signature _____ | Date | <u> </u> mm/ <u> </u> dd/ <u> </u> yy |
| HIV Test | Signature _____ | Date | <u> </u> mm/ <u> </u> dd/ <u> </u> yy |
| Genetic Testing | Signature _____ | Date | <u> </u> mm/ <u> </u> dd/ <u> </u> yy |

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REQUESTING YOUR HEALTH RECORDS

Completing the request form

- Complete all information. Note: Incomplete information delays the release of records.
- List all names you have used when receiving medical services.
- Be specific about the records you want. Under "Special Instructions," you may also indicate the specific documents you do NOT want released. (Example: Records from _____ visit).
- Please complete one form for each location where you want your records sent.

Cost

- Note: Copies released to another healthcare provider are provided without charge.
- There may be a fee for medical records due at the time of your pick-up.
- If you request ALL records, the cost per volume of records may exceed \$50.00.
- Attorneys or insurance companies who are authorized to receive your records may be responsible for applicable fees.
- Other departments, such as Radiology and Billing, may have additional charges.

When will my records be ready?

- Requests for records release are usually processed within 5-10 business days, excluding holidays & weekends.
- Complete requested format and delivery: Paper, CD, Secure email, Mail, Fax, Pick-Up.
- You will be contacted when your records are ready for pick-up.
- Valid Picture Identification is required to pick-up or review your records.

Reviewing your records

- Complete the records release form and check the "In-person Review of Records" option. Note: Only those records you requested will be available during your review session.
- A representative will contact you to make an appointment within 5 business days. Your appointment will be scheduled during normal business hours.
- For current in-house SNF residents, a representative will contact you to review your health records within 24 hours.
- Please bring valid picture identification with signature.
- One person may accompany you. His/her name must be included on the authorization form.
- You will have approximately 1 hour to review your record. A staff member will be present during your review; however, they will not be able to answer any medical questions or interpret the documents. The fee for reviewing records is \$15.00 and must be reviewed in the department.

COMMON DOCUMENTS in a Medical Record

| SPECIFIC RECORDS may include | ALL RECORDS would also include: |
|---|---|
| <ul style="list-style-type: none"> • HISTORY AND PHYSICAL • DISCHARGE SUMMARY (Inpatient) • PATHOLOGY • DIAGNOSTICS (X-rays, CT, MRI, Nuclear Medicine, & Ultrasounds) • LABS (Blood Test, Urine Test, etc...) • PROGRESS NOTES (Inpatient) • CLINIC NOTES (Outpatient) • THERAPY (Physical, Occupational, Speech) • MAJOR DIAGNOSTIC TEST (Echocardiograms, EEG, Stress Test, Colonoscopy, etc.) • Cardiology Exams • OPERATIVE REPORTS | <p>Specific Records PLUS:</p> <ul style="list-style-type: none"> • DOCTORS ORDERS (Inpatient) • NURSING NOTES AND RELATED DOCUMENTS (Inpatient) • MEDICATION ADMINISTRATION RECORDS (Inpatient) <p><i>All Records are from first date of service to current date.</i></p> <p>** Special Authorizations section on page 1 Requires additional signature and date for the special services listed.</p> |

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**SAN FRANCISCO HEALTH NETWORK
HOSPITALS**

**Zuckerberg San Francisco General Hospital
and Trauma Center**
1001 Potrero Avenue
San Francisco, CA 94110-3518

Laguna Honda Hospital and Rehab Center
375 Laguna Honda Blvd
San Francisco, CA 94116-1411

SAN FRANCISCO HEALTH NETWORK HEALTH CENTER ADDRESSES

Balboa Teen Health Center
1000 Cayuga Avenue
San Francisco, CA 94112

Larkin Street Youth Center
1138 Sutter Street
San Francisco, CA 94109-5608

Southeast Health Center
401 Keith Street
San Francisco, CA 94124-3231

Castro Mission Health Center
3850 17th Street
San Francisco, CA 94114-2031

Maxine Hall Health Center
1301 Pierce Street
San Francisco, CA 94115-4005

Tom Waddell Urban Health Center
230 Golden Gate Avenue
San Francisco, CA 94102-3706

Chinatown Public Health Center
1490 Mason Street
San Francisco, CA 94133-4222

Ocean Park Health Center
1351 24th Avenue
San Francisco, CA 94122-1616

Tom Waddell Urgent Care
50 Dr Tom Waddell Place
San Francisco, CA 94102

Cole Street Youth Center
555 Cole Street
San Francisco, CA 94117-2800

Potrero Hill Health Center
1050 Wisconsin Street
San Francisco, CA 94107-3328

Youth Guidance Center
375 Woodside Avenue
San Francisco, CA 94127-1221

Behavioral Health Services
1380 Howard Street
San Francisco, CA 94103

San Francisco Behavioral Health Center
887 Potrero Avenue
San Francisco, CA 94110

Curry Senior Center
333 Turk Street
San Francisco, CA 94102-3703

Silver Avenue Family Health Center
1525 Silver Avenue
San Francisco, CA 94134-1229

NOTE: Requests for records can be sent directly to the location of your choice.

How do I request my records? • Complete the records release form and return to the appropriate department

| | | |
|---|--|--|
| Medical Records <i>Medical documentation from the hospital or clinics</i> | Zuckerberg San Francisco General Hospital 1001 Potrero Avenue, Bldg 5, 2nd Floor, 2B1 San Francisco, CA 94110-3518 | Monday - Friday 8 am - 4:00 pm Closed weekends and holidays 628-206-8640 Fax: 628-206-8623 |
| | Laguna Honda Hospital and Rehab Center 375 Laguna Honda Blvd 3rd Fl., B-300 San Francisco, CA 94116-2411 | Monday - Friday 8 am - 4:00 pm Closed weekends and holidays 415-759-3355 Fax: 415-759-2373 |
| Diagnostic Images <i>(e.g. X-rays, CT Scans)</i> | ZSFG Imaging Library 1001 Potrero Avenue, Room 1X42 San Francisco, CA 94110-3518 | Monday-Friday 8:30 am - 4:30 pm 628-206-8033 Fax: 628-206-8946 |
| Mental Health Records | Behavioral Health Services 1380 Howard Street San Francisco, CA 94103 | 415-255-3487 Fax: 415-252-3001 |
| | San Francisco Behavioral Health Center 887 Potrero Avenue San Francisco, CA 94110 | 628-206-6314 Fax: 628-206-6316 |
| Billing (Hospital) | ZSFG Billing Department 1001 Potrero Avenue, Bldg 20, 4th Floor San Francisco, CA 94110 | Monday -Friday 8:00 am-5:00 pm (Closed 12 noon - 1:00 pm) 628-206-8448 Fax: 628-206-4613 |

Note: Requests from multiple locations may be sent separately