PATIENT INFORMATION *(please print)*	
Name (*First, Middle, Last)*	*Date of Birth*
Mailing Address	*City/State/Zip*
Telephone Number	*Last 4 Digits Social Security #*
Email Address	

I hereby authorize **St. Tammany Parish Health System and/or any of its affiliates and departments (STHS),** 1202 S. Tyler Street, Covington, Louisiana 70433 to release my PHI as follows:

☐ **To Patient/Self** (or parent/guardian if patient is younger than 18 years old)

☐ **To Another Person or Entity. If so, the following information is required:**

Name of Person or Entity	*Telephone Number*
Mailing Address	*City/State/Zip*

PURPOSE **(Not required for patient requests)** ☐ Medical ☐ Insurance ☐ Legal ☐ At my request

DATES OF SERVICE I authorize release of information for these dates ___/___/_____ to ___/___/_____

LOCATION OF SERVICE

☐ STHS (hospital/outpatient departments) ☐ Clinic/Physician (See attachment or specify) _____

☐ Other _____

INFORMATION REQUESTED Place an "X" in the box(es) for the PHI you want released or you want to obtain.

☐ Abstract	☐ Pathology Report	☐ Clinic Visit
☐ Entire Record	☐ X-ray Report	☐ Radiology Images
☐ Emergency Room Record	☐ Laboratory Results	☐ Patient Billing Information
☐ History & Physical	☐ Operative Report	☐ Other _____
☐ Discharge Summary	☐ Consult Report	

To authorize release of **alcohol, drug abuse** and/or **HIV test results,** initial here _____

To authorize release of **genetic testing information,** sign here _____

METHOD OF DELIVERY ☐ Paper Copy ☐ CD ☐ Email ☐ Other _____

In authorizing release of my protected health information, I waive all restrictions or privileges imposed by laws and release STHS from any restriction or privilege in connection with the disclosure or release. I understand that the information disclosed as a result of my authorization may be subject to redisclosure by the recipient and may no longer be protected. I may revoke this authorization by notifying STHS in writing addressed to St. Tammany Parish Health System, Release of Information Department, 1202 S. Tyler St., Covington, LA 70433. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

This authorization expires on _____(Date or Specific Event).
If I do not specify an expiration date, my authorization will expire in one (1) year.

_____ ___/___/_____
Signature of Patient or Authorized Representative Date

_____ ___/___/_____ _____
Printed Name of Patient or Authorized Representative Date Relationship to Patient

St. Tammany HEALTH SYSTEM

Request for Copies of Protected Health Information (PHI) or Permission to Release Information to Another Person / Entity

Release of Information Department for all locations: (985) 898-4116

St Tammany Health System- Hospital

St Tammany Health System- Hospital Campus
1202 S. Tyler St.
Covington, LA. 70433

Mandeville ED
2929 Hwy. 190
Mandeville, LA. 70471

Outpatient Pavilion
16300 Hwy. 1085.
Covington, LA. 70433

Covington Surgery Center
1203 S. Tyler St.
Covington, LA. 70433

Mandeville Diagnostic Center
201 St. Ann Drive, Ste. A
Mandeville, LA. 70471

St Tammany Therapy & Wellness
1 N. Azalea Dr.
Covington, LA. 70433

Palliative Care Clinic
1010 Polk St., Ste. 1
Covington, LA. 70433

Sleep Disorders Center
80 Gardenia Dr. Ste. A
Covington, LA. 70433

St. Tammany Home Health & Hospice
101 Ashland Way, Ste. 1 & 2
Madisonville, LA 70447

St. Tammany Cancer Center
1203 S. Tyler St.
Covington, LA 70433

St. Tammany Women's Pavilion
309 N. Hwy. 190, Ste. C2
Covington, LA. 70433

St. Tammany Health System - Physician Network

St Tammany Physician Network N. Covington
17240 Heartbeat Circle
Covington,LA.70435

St. Tammany Pediatrics and Express Care for Kids
3663 Hwy 190, Ste. 100
Mandeville, LA 70471

St Tammany Health System- Physician Network Continued

Breast Disease & High-Risk Clinic
301 N Hwy 190, Ste. C2
Covington, LA 70433

Bone & Joint Clinic
71211 Hwy. 21
Covington, LA. 70433

Cardiovascular Clinic
1006 Harrison St.
Covington, La. 70433

Northlake Surgical Associates
606 W. 11 Ave.
Covington, LA. 70433

St Tammany Physician Network Covington
80 Gardenia Dr., Ste. B
Covington, LA. 70433

St Tammany Physician Network Folsom
82525 Hwy. 25
Folsom, LA. 70437

St Tammany Physician Network Madisonville
1520 Hwy. 22
Madisonville, LA. 70447

St Tammany Physician Network Mandeville
201 St. Ann Dr., Ste. B
Mandeville, LA. 70471

Northlake Pulmonary
1203 S. Tyler St., Ste. 200
Covington, LA. 70433

Northshore Oncology Associates
1203 S. Tyler St., Ste. 230
Covington, LA 70433

St Anthony's Garden
601 Holy Trinity Dr.
Covington, LA. 70433

Express Care
80 Gardenia Drive, Ste. B
Covington, LA 70433

St. Tammany Health System
Health Information Management
Release of Information

All sections of this form must be filled out completely. Please note on the authorization from which service location records are being requested (see page 2).

To be valid, the authorization must be completed, and signed by the patient. The authorization will expire on the date indicated on this document or when revoked in writing by the patient. If the patient is deceased but did not expire at this facility, and you are next of kin, please include a copy of the death certificate.

Due to the volume of requests for copies of medical records received daily, St. Tammany Health System contracts with MRO (Medical Records Online) to process and release the medical records. For this service, there is a fee mandated by law; however, medical information will be forwarded to hospitals and physicians free of charge for treatment purposes.

Record Format	Patient Directed Requests	Pages of Records
Paper (picked up)	No charge	1 – 50 pages
Paper (picked up)	$6.50 plus tax	>= 51 pages
Electronic (email)	$6.50 plus tax	Any number of pages
Paper or CD (mailed)	$6.50 plus tax and postage	Any number of pages

Please mail your completed authorization form to:
St Tammany Health System
1202 S. Tyler Street
Covington, LA. 70433
Attn: Health Information Management Department

If you have any questions regarding the release of your medical information, please contact the Release of Information at **(985) 898-4116**