PRINT SAVE AS RESET

Fred Hutch Cancer Center

Authorization To Use, Disclose & Release Patient Protected Health Information

Recent medical records are available via MyChart for immediate download without filling out this form.

1. **Patient name** (last name, first name): _____

   Date of birth or **medical record number (U#):** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

2. **Facility to Release Records:**

Fred Hutch ☐ **OR** **Provider/Clinic/Other:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____

3. **Recipient of Records:**

Self ☐ **OR** **Recipient Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____ **Email:** _____

4. **Format of Records:**
   ☐ Fax ☐ MyChart ☐ Mail/paper ☐ CD/DVD ☐ Email ☐ USB

5. **Purpose:**
   ☐ Continuity of care ☐ Personal use ☐ Insurance/Disability ☐ Legal ☐ Other (specify) _____

6. **Type of records (check all that apply):**
   ☐ Clinic notes ☐ Lab/Pathology ☐ Radiology reports ☐ Radiology CD ☐ Medical Billing ☐ Pharmacy Billing
   ☐ Other (specify) _____

7. **Dates of Service: Most recent 2 years (default if the date is not listed)**
   a. Date range (mm/dd/yyyy): _____/_____/_____ to _____/_____/_____ **OR** ☐ All

8. **Expiration date:**
   This authorization expires one (1) year from the date signed unless another date or event is indicated here: _____
   Exception: If patient information is to be released to an employer or financial institution; this authorization is only valid for 90 days from the date signed.

I specifically authorize **Fred Hutch** to release the health information checked below:
☐ **Genetics** ☐ **Sexually Transmitted Infections** ☐ **HIV/AIDS** ☐ **Mental Health** ☐ **Substance Use Disorder or Treatment**

_____
Signature of Patient or Personal Representative | Print Name | Date

_____
Relationship of Personal Representative to Patient

***Please attach legal documentation if you are the Legal Guardian, Power of Attorney, or Executor of Estate**

Minors: A minor patient's signature is required in order to release the following information: (1) conditions relating to the minor's reproductive care; (2) sexually transmitted diseases (if age 14 and older); (3) alcohol and/or drug abuse and mental health conditions (if age 13 and older).

*** For EHI Export, please contact Health Information Management (HIM), Ph: 206-606-1114

TEAM
NAME [M]
PLACE EPIC LABEL HERE
PT NO [F]
DOB

Fred Hutchinson Cancer Center is an independent organization that serves as UW Medicine's cancer program.

UW Medicine

SHIM007

Fred Hutch Cancer Center

Authorization To Use, Disclose & Release Patient Protected Health Information

Why do I need this form?
As required by law, Fred Hutchinson Cancer Center (Fred Hutch) complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This includes protecting the confidentiality of your information. In certain situations, we need your written permission to give your medical records to an outside facility/person; gather your medical records from an outside facility/person; or talk with your family, friends, or others about your care. If you wish to give Fred Hutch permission to do any of these, please fill out the Use, Disclose & Release form. You, as the patient, are not charged a fee for this.

If my health information is sent over email, how is it protected?
Fred Hutch uses an email encryption service to ensure the confidentiality of the protected health information we send. Fred Hutch also uses the service to comply with federal regulations under HIPAA. For more information about Fred Hutch's Privacy Policy, please visit our website at www.fredhutch.org/privacy-policy.

What is protected health information (PHI)?
Protected health information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment.

Potential for my health information to be given to someone else:
Once Fred Hutch gives your health information to another person or facility, the law does not always require the recipient to maintain the confidentiality of your healthcare information.

What if I change my mind?
You may revoke this authorization by submitting a form to: Fred Hutch Health Information Management, 825 Eastlake Ave East, M/S K1-104, P.O. Box 19023, Seattle, WA 98109 at any time. To request the form, email Fred Hutch HIM at release@fredhutch.org. If you take away your permission, it will not be effective if Fred Hutch has already discussed, given, or received information based on the original records release, or if Fred Hutch requires the information in order to be paid for treatment provided to you. You have the following rights:

- To inspect or to receive a copy of your protected health information
- To receive a copy of your signed records release
- To refuse to sign the records release

For questions about this process, please call the Fred Hutch Health Information Management 206-606-1114 or email release@fredhutch.org.

Refusal to sign this authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign will mean you will not receive health services is if the health services are solely for the purposes of providing health information to someone else, and the authorization is necessary to make that disclosure. Refusal to sign will also not adversely affect your enrollment in a health plan or eligibility for health benefits unless the authorized information is necessary to determine if you are eligible to enroll in the health plan. Exceptions: 1). The authorization must be signed if you are participating in research-related treatment, such as a clinical trial; and 2). Fred Hutch is giving your PHI to a third party who has authorization.

Where do I send my completed form?
Submit your completed Authorization Form to the Fred Hutch clinic that provides your care using the contact information below.

Fred Hutch South Lake Union	Fred Hutch at UWMC - Northwest	Fred Hutch at Evergreen Hospital	Fred Hutch at Overlake Medical Center
Health Information Management PO Box 19023 MS: K1-104 Seattle, WA 98109 Ph: (206) 606-1114 Fax: (206) 606-1035 release@fredhutch.org	Health Information Management 1560 N 115th St. Suite G16 Seattle, WA 98133 Ph: (206) 606-2794 Fax: (206) 606-6855 nwhhimfax@fredhutch.org	Health Information Management 12040 NE 128th St. MS: 98, Suite 1600 Kirkland, WA 98024 Ph: (425) 441-2644 Fax: (206) 606-8291 evgrelease@fredhutch.org	Health Information Management 1135 116th Ave NE Suite 250 Bellevue, WA 98004 Ph: (206) 606-5363 Fax: (206) 606-4360 belrelease@fredhutch.org
Fred Hutch Issaquah	**Fred Hutch Peninsula**	**Fred Hutch Proton Therapy Center**	
Health Information Management 1740 NW Maple St., Suite 211 Issaquah, WA 98027 Ph: (206) 606-7907 Fax: (206) 606-4030 isqrelease@fredhutch.org	Health Information Management 19917 Seventh Ave., Suite 100 Poulsbo, WA 98370 Ph: (360) 697-8000 Fax: (206) 606-5122 penrelease@fredhutch.org	Health Information Management 1570 N 115th St. Seattle, WA 98133 Ph: (206) 306-2800 Option 1 Fax: (206) 606-4338 him.proton@fredhutch.org	

You can send the form via email, fax, regular mail, or in person at the clinic that provides your care. Feel free to call the phone numbers listed with any questions.

TEAM

NAME [M]

PT NO PLACE EPIC LABEL HERE [F]

DOB

Fred Hutchinson Cancer Center is an independent organization that serves as UW Medicine's cancer program.

UW Medicine

SHIM007

HIM007 (02/25)