Saint Alphonsus
A Member of Trinity Health

AFFIX PATIENT LABEL OR WRITE
Patient's Name: _____
Date of Birth: _____
Today's Date: _____

Authorization for Release of Confidential Information -- SAHS-1318

Patient's Name: _____ Date of Birth: ___/___/___

I am requesting records from:

☐	Saint Alphonsus Regional Medical Center (Boise)	☐	Saint Alphonsus Medical Center – Nampa
☐	Saint Alphonsus Medical Center – Ontario	☐	Saint Alphonsus Medical Center – Baker City
☐	Saint Alphonsus Medical Group Clinic: _____		

Patient Information (please print):

Patient's Address: _____

City, State, Zip: _____ Phone: (_____) _____

Description of Medical Records Requested:

Date(s) of Service (required): _____
(Check boxes below)

☐	All Medical Information	☐	Discharge Summary	☐	Operative/Procedure Note
☐	Behavioral/Mental Health	☐	EKG	☐	Radiological Images
☐	Billing Documents	☐	Emergency Room Visit	☐	Radiology Report
☐	Cardiology Images	☐	HIV/AIDS Test Result	☐	Other: _____
☐	Cardiology Reports	☐	Lab/Pathology Results		
☐	Consultation	☐	Medication Record		

Intended Use of Information:

☐ Patient/Personal Use ☐ Continuing Care ☐ Third Party (e.g., Legal, Insurance, Workers Compensation)

I direct the medical records indicated above to be provided to the following:

Name: _____ Phone: (_____) _____

Address: _____
Street City State Zip

Delivery Method (check <u>one</u> box):

☐	MyChart	☐	Mail – CD
☐	Email – Secure _____	☐	Mail – Paper
☐	Email – Unsecure _____	☐	Fax _____

*Unsecure unencrypted e-mail has some level of risk that your medical information could be read or otherwise accessed by a third party while in transit. By checking this box and signing, you accept this risk and still want your medical information sent by unsecured email.

Signature Required on Reverse Side/Second Page

AFFIX PATIENT LABEL OR WRITE
Patient's Name: _____
Date of Birth: _____
Today's Date: _____

1. I hereby request access to and the release of my health information maintained by Saint Alphonsus as noted above. I authorize the release of any information contained in the above records concerning treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, psychiatric/mental health treatment, communicable diseases or infections (including sexually transmitted diseases), acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), and/or genetic information.
2. I understand that Saint Alphonsus will not charge me for my first copy of my pertinent record set and/or outpatient diagnostic test results**.** If I ask Saint Alphonsus to copy my complete medical record, I understand I may be charged a reasonable fee as permitted by HIPAA Privacy regulations. I also understand that Saint Alphonsus Health Information Management utilizes a copy service, MRO, to complete most record requests. If MRO handles my request, I will be invoiced directly by MRO. I may request to be notified of any charges for approval prior to having my records sent to me.
3. I understand that except under limited circumstances, Saint Alphonsus will provide me with access to my records and will respond to my request within 3 business days from the time it receives this completed authorization. I also understand that in certain situations, Saint Alphonsus may deny my request, but if it does, Saint Alphonsus will tell me in writing the reasons for the denial and explain my right to have the denial reviewed.
4. I understand that I may revoke this authorization in writing at any time by sending the written revocation to: Saint Alphonsus c/o Health Information Management, 1055 N Curtis Rd, Boise ID 83706. My written revocation will be effective upon receipt, only to the extent that Saint Alphonsus has not already relied on this authorization.
5. I may refuse to sign this authorization and my refusal to sign will not affect the use or disclosure of my health information for purposes of treatment, payment or health care operations.
6. I may receive a copy of this authorization.
7. I understand that medical information released under this authorization may be subject to redisclosure by the recipient, and it may not be protected under state or federal information privacy laws.
8. This authorization will automatically expire 6 months after the date of signature below, excluding MyChart patient portal enrollment.
9. This authorization is not valid unless all required elements are completed.

I authorize Saint Alphonsus to release medical records as stated in this authorization:

_____	_____
Signature of Patient or Personal Representative	Date (Must be dated)
_____	_____
Printed Name of Patient or Personal Representative (If not signed by the patient)	Authority to Act as Representative (Documentation required)

Return complete form to Saint Alphonsus Health Information Management Department
Email: **BO-HIM-ReleaseOfInfo@saintalphonsus.org**

☐ ID Verified Released by: _____ Department: _____ Date: _____

Saint Alphonsus
A Member of Trinity Health

Notice Informing Individuals About Nondiscrimination, Availability of Language Assistance, Auxiliary Aids, and Accessibility Services

Saint Alphonsus Health System understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Saint Alphonsus Health System welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Saint Alphonsus Health System provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact
Language Assistance Services at 208–367–2121
Telecommunications Relay Service (TRS): 7-1-1

Saint Alphonsus Health System allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.
If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:
Language Assistance Services at 208-367-5463
If you believe that Saint Alphonsus Health System has failed to provide these services or discriminated in another way, you can file a grievance with:

Patient Relations
1055 N. Curtis Road
Boise Idaho 83706
(208) 367-6226
BO-Patientrelations@saintalphonsus.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

[This notice is available at Saint Alphonsus Health System's website: www.SaintAlphonsus.org]

Notice of Availability of Language Assistance Services

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-208–367–2121 (TTY: 7-1-1) or speak to your provider.

Español / Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-208–367–2121 (TTY: 7-1-1) o hable con su proveedor.

Việt / Vietnamese
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-208–367–2121 (Người khuyết tật: 7-1-1) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 / Simplified Chinese
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-208–367–2121（文本电话：7-1-1）或咨询您的服务提供商。

РУССКИЙ / Russian
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-208–367–2121 (TTY: 7-1-1) или обратитесь к своему поставщику услуг.

한국어 / Korean
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-208–367–2121 (TTY: 7-1-1) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

українська мова / Ukrainian
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-208–367–2121 (TTY: 7-1-1) або зверніться до свого постачальника».

日本語 / Japanese
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-208–367–2121 (TTY: 7-1-1）までお電話ください。または、ご利用の事業者にご相談ください。

العربية/Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات أو تحدث إلى مقدم الخدمة (TTY: 7-1-1) يمكن الوصول إليها مجانًا. اتصل على الرقم 1- 208–367–2121.

Română/Romanian
ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii gratuite de asistență lingvistică. Ajutoarele și serviciile auxiliare adecvate pentru furnizarea de informații în formate accesibile sunt, de asemenea, disponibile gratuit. Apelați 1-208–367–2121 (TTY: 7-1-1) sau consultați cu furnizorul dumneavoastră.

ភាសាខ្មែរ / Khmer
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជ័សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-208–367–2121 (TTY: 7-1-1) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Deutsch / German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-208–367–2121 (TTY: 7-1-1) an oder sprechen Sie mit Ihrem Provider.

Farsi فارسي (Persian)
توجه: اگر به زبان فارسی صحبت می‌کنید، کمک زبانی رایگان دردسترس شماست. کمک‌ها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به‌صورت رایگان موجود هستند. با
1-208–367–2121 (TTY: 7-1-1) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Français / French
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-208–367–2121 (TTY: 7-1-1) ou parlez à votre fournisseur.

ไทย / Thai
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้
ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-208–367–2121 (TTY: 7-1-1) หรือปรึกษาผู้ให้บริการของคุณ

नेपाली / Nepali
सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-208–367–2121 (TTY: 7-1-1) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-208–367–2121 (TTY: 7-1-1) o makipag-usap sa iyong provider.

Kiswahili/Swahili (Bantu)
TAHADHARI: Ikiwa unazungumza Kiswahili, huduma za usaidizi za lugha bila malipo zinapatikana kwako. Usaidizi na huduma zinazofaa za kutoa taarifa katika miundo inayofikika zinapatikana pia bila malipo. Piga simu kwa 1-208–367–2121 (TTY: 7-1-1) au uzungumze na mtoa huduma wako.

Српски/Serbian
ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите 1-208–367–2121 (TTY: 7-1-1) или разговарајте са вашим пружаоцем услуга.

Soomaali / Somali
FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-208–367–2121 (TTY: 7-1-1) ama la hadal bixiyahaaga.

ထၢနှၣ်လီၤဖဲအံၤ / Karen
ဆူ– နမ့ၢ်ကတိၤ ထၢနှၣ်လီၤဖဲအံၤ အဃိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆီၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘူၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူၣ်ပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသ့တဖၣ် လၢတလၢ်ဘူၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-208–367–2121 (TTY: 7-1-1) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

မြန်မာ / Burmese
သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-208–367–2121 (TTY: 7-1-1) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။