

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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Abstract | <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Clinic Visit |
| <input type="checkbox"/> Entire Record | <input type="checkbox"/> X-ray Report | <input type="checkbox"/> Radiology Images |
| <input type="checkbox"/> Emergency Room Record | <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Patient Billing Information |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Operative Report | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> 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	_____ Relationship to Patient



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

St Tammany Health System- Physician Network

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

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

Northlake Surgical Women's Pavilion
301 N Hwy 190, Ste. C2
Covington, LA 70433

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



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STPH.01168 Rev. 08/2023

**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**



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