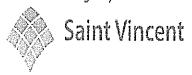
Allegheny Health Network



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Saint Vincent Medical Group Erie, Pennsylvania

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FROM SAINT VINCENT MEDICAL GROUP INTEGRATED ELECTRONIC HEALTH RECORD

Note to Recipient of Information: The patient's medical information is privileged and is protected by various State and Federal Laws. Such information may not be further disclosed to other persons without a separate written authorization from the patient.

Many Saint Vincent Medical Group (SVMG) locations utilize an "integrated" Electronic Health Record which enables our providers and staff involved in the care of our patients to access and update their electronic health information for any SVMG location utilizing our "integrated" Electronic Health Record. Please see the last page of this document for a list of those SVMG locations utilizing our "integrated" Electronic Health Record.

1.	Ι,	rn					
	(Patient's Name)		(Date of Birth)				
	(Street Address)	(City)	(State) (Zip Code)				
	Authorize the SVMG location(s) utilizing an "integrated" Electronic Health Record indicated on the last page, to release the following information from my Integrated Electronic Health Record to the party listed in paragraph 3:						
	(Check appropriate items) □ Current Integrated Electronic Health Record information (all documentation as listed below) □ Other (Place an "x" next to each document listed below that you are authorizing to be released) for the following dates of treatment:						
COI	quests for Current Integrated Electronic Health Record will include all documentation listed below if ntained in the Integrated Electronic Health Record. The complete Integrated Electronic Health Record y also contain additional documentation not listed below. Current medication list Current problem list Immunization record Growth chart (pediatrics only) Most recent physical exam Office visits for the last 2 years or last 4 visits if not seen within 2 years						
	Consultation notes for the	ne last 2 years 2 years, with the exception (I	of INR results, which only the last 3				

N	NOTE: Mental Health, drug/alcohol Electronic Health Record wi Check below if you do not w Do not release mental Do not release drug ar Do not release HIV inf	II be released throwant this information health information nd/or alcohol information	ough this authorization n released.	ed in the Integrated n unless otherwise indicated.			
2.	2. Indicate the format in which you	ı want your docum	entation provided:				
	following forma	requested and ected DVD (NOTE: pat (yyyymmdd) Ex. atient's responsibility	technically possible) password will be patien DOB 10/3/02 passwo	ne provided unless otherwise ont's date of birth in the rd would be=20021003. d to any other recipients.			
3.	3. My medical information may be in	nspected by and/or	copies may be releas	ed to:			
	(Name of Recipient)						
	(Street Address)	(City)	(State)	(Zip Code)			
	for the purpose of						
4.	I may revoke this authorization in writing at any time (except to the extent that actions have been taken in reliance upon it).						
5.	. I understand that the SVMG Location(s) indicated below may not condition treatment on whether I sign this authorization.						
6.	6. Unless revoked or renewed in w	Unless revoked or renewed in writing, this authorization will expire on (Date):					
7 dis	I understand the possibility that information disclosed pursuant to this authorization may be resclosed by the recipient and no longer protected by Federal Privacy Regulations.						

SVMG Locations utilizing the "Integrated" Electronic Health Record

Indicate below the location(s) authorized for release of medical information from Saint Vincent Medical Group integrated electronic health record per this Authorization

As Ch Co Diq Eac Ed Ed Grand G	bion Family Medicine bury Family Medicine ildren's Health Care West lorectal Physicians & Surgeons of PA gestive Diseases of NW PA Inc st Harbor Primary Care inboro Medical Center to Valley Medical Center int Vincent Dermatology nnon Student Health and Behavioral Services eat Lakes Family Practice eater Erie Niagara Surgery erty Family Practice ciclelland Family Practice ciclelland Family Practice int Vincent Allied Urology int Vincent Bariatric and Metabolic Institute int Vincent Cardiovascular Surgery int Vincent Family Medicine cint Vincent Internal Medicine int Vincent Internal Medicine int Vincent Urgent Care East int Vincent Vascular and Endovascular Surger e Center for Pain Management at Saint Vincer ion City Family Practice est Ridge Family Practice expiration date is not specified above, to	nt	atically expire 12
	s from the date signed below.		,,
	(Patient's Signature)	(Date Signed)	
	nt is a minor, subject to a guardianship, powe elow on behalf of the patient and myself.	r-of-attorney, or is deceased, I ha	ve signed my
(Patien	t's, Legal Guardian's or Agent's Signature)	(Relationship to patient)	(Date)
I witne	essed the signature on this form: Name of wit	ness:	
(\Witne	ess' Signature)	(Date)	
((/	