

Instructions for Completing the Authorization for Disclosure of Health Information Form

1. Please complete all sections of the Authorization for Disclosure of Health Information Form.
2. The patient or legally authorized representative must sign and date the form. Generally, only a patient may authorize release of his/her medical information. Exceptions to the rule are as follows:
 - a. **Authorization of Minors:** If the patient is a minor (under 18 years of age) the authorization must be signed by a parent or legal guardian. At the discretion of the department releasing the PHI, two signatures may be required to release a minor's records. The parent or legal guardian who is providing consent to mental health treatment of a minor fourteen years of age or older shall have the right to information necessary for providing consent to the minor's mental health treatment, including symptoms and conditions to be treated, medications and other treatments to be provided, risks and benefits and expected results.
 - b. **Emancipated Minors:** An emancipated minor is a minor age 16 or older who has left the parental household and established an independent household. A minor who is married, is or has been pregnant or who is a high school graduate is also considered emancipated. Emancipated minors can consent to their own treatment and the authorization for release of medical information.
 - c. **Minors and Highly Confidential Information:** Minors who have been diagnosed with a venereal disease, a substance abuse problem or were treated to determine pregnancy may consent to treatment of that disease or condition and must authorize release of any medical information related to that disease or condition. Minors 14 years of age and older may authorize release of their psychiatric treatment records.
 - d. **Authorization after Death:** An authorization must be signed by the executor of the decedent's estate, or in the absence of an executor, the next of kin responsible for the disposition of the remains may give consent for the release of medical information.
 - e. **Authorization of the Legally Incompetent Patient:** If the patient is deemed legally incompetent, then the patient's legally authorized representative may sign the authorization for release of information.

TJUH reserves the right to request proof of representation.

3. Please mail the completed form to:
**Thomas Jefferson University Hospitals
Health Information Management Department
111 South 11th St.
Philadelphia, PA 19107**

Please Note

TJUH will charge for copying records in accordance with Pennsylvania law.

TJUH will not send medical information by facsimile unless the information is needed for patient care and delay in the transmission of the information would compromise patient care.

Information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected by relevant Federal law.

TJUH will make reasonable efforts to comply with this request within thirty (30) days for information that is maintained or accessible on site and within sixty (60) days for information is not maintained on site. If TJUH is unable to comply with this request within the specified time periods, it may extend the applicable deadline for up to thirty (30) days by notifying you in writing.

ANY COPIES OF MEDICAL RECORDS THAT ARE SENT VIA FED-EX, UPS, ETC. WILL REQUIRE A SIGNATURE UPON DELIVERY.

TJUH may deny this request under limited circumstances as provided for under federal law. TJUH will notify you if it denies your request to access or obtain a copy of the requested information. If TJUH denies this request, you may have the right to have a denial of your request reviewed by a licensed health care professional. To request such a review, please contact the TJUH Privacy Officer at the following address:

Thomas Jefferson University Hospitals, Inc.
Privacy Officer
111 South 11th St.
Philadelphia, PA 19107