LOGAN UNIVERSITY
HEALTH CENTERS

1851 Schoettler Rd.
Chesterfield, MO 63017
(636)230-1755 (636)207-2436 (Fax)

Please Print

_____	_____	_____	_____
Patient Name: LAST	MI	First	Date of Birth

I authorize release from (check all that apply)

☐ Southfield
☐ Montgomery
☐ Mid Rivers

To release information to:

_____ (Name)
_____ (Facility/Organization)
_____ (Address)
_____ (City, State, Zip)
Please Print

PURPOSE OF DISCLOSURE (Check all that apply) Date records are needed by:_____

☐ Further Medical Care
☐ Legal
☐ Disability
☐ For Personal Use
☐ Payment of Claim
☐ Other (specify): _____

INFORMATION TO BE RELEASED: Between Dates of: _____ and _____

☐ Health & Physical Exam/Initial Evaluation
☐ Progress Notes
☐ Lab Reports
☐ Other (Specify content/dates): _____
☐ X-Ray Report
☐ X-Rays
☐ Ultrasound Report
☐ Dexa Report

ACKNOWLEDGEMENT OF UNDERSTANDING:

- **I understand the expiration date of this authorization is one year after the date signed.**
- **I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken.**
- **I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations.**
- **I understand by authorizing this use or disclosure of information, there will be no conditions placed on my health care or payment for my health care.**
- **I understand in compliance with MO Statue 191.227, I may be required to pay a fee for retrieval and photocopying of records and/or supervising inspection of medical records.**

_____	_____	_____	_____
Signature of Patient, Parent or personal representative	Relationship	Phone	Date

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

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Record Fees as of February 1-2018

Supplies and Labor	$25.51
Per Page	$ .59
Notary/Certification	$ 2.00 ea.
X-Ray CD	$15.00
Postage	

FEES ARE SUBJECT TO CHANGE
RECORDS SENT TO PATIENTS ARE
AT NO CHARGE