Stanford HEALTH CARE

Stanford Health Care (SHC)
300 Pasteur Drive
Stanford, CA 94305
Phone: 650-723-5721

RELEASE OF ELECTRONIC HEALTH INFORMATION (EHI) EXPORT FILE(S)

The EHI Export File(s) contain all of your billing records and medical information found within your legal medical record through Stanford Medicine (e.g., Stanford Health Care, Stanford Medicine Partners, and Stanford Health Care Tri-Valley).

When you complete and sign this form, electronic health information (EHI) about you will be released as you describe in the form. Please read each section carefully and complete the required sections before signing. Please clearly and legibly print all information when completing this form and sign on the last page.

SECTION A: PATIENT INFORMATION

*Patient's name: Last:*_____ *First:*_____ *MI:*_____

*Date of birth:*_____ *Phone number:*_____ *Medical Record Number:*_____

SECTION B: AUTHORIZATION

**Please check the box next to the manner you would like your information released:

YOU AUTHORIZE YOUR ELECTRIC HEALTH INFORMATION (EHI) TO BE RELEASED IN THE FOLLOWING MANNER:

❑ **To your Stanford Health Care electronic health portal (e.g., MyHealth)**
❑ **Upload to a USB storage device**

Please specify the person or institution you authorize to receive your health information:

DISCLOSE TO:_____
(Persons/organizations authorized to receive the information)

at the following address:_____
(Street)

_____
(City, State and Zip Code)

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SECTION C: HEALTH INFORMATION

The EHI Export File(s) will contain your health information in a machine-readable format. The EHI Export File(s) cannot be separated based on a specific date range or the specific Stanford Medicine entity where you received care. Additionally, sensitive information in your patient record (e.g., records related to Mental Health, HIV tests, Hereditary disorders, Genetic tests, Familiy Planning Services, Abortion and Abortion related services, gender affirming care, contraception and other confidential records) may be generally excluded; however, it's possible that some senstitive information present in your medical record (e.g., historical records or other embedded information), may still be included. **A human-readable copy of your medical record, including sensitive information, can be requested by completing an *Authorization for Use or Disclosure of Protected Health Information form.***

SECTION D: EXPIRATION

This authorization will automatically expire once the EHI Export File(s) is provided by Stanford Health Care or its affiliates.

SECTION E: YOUR PRIVACY RIGHTS & EHI EXPORT CONSIDERATIONS

- You may refuse to sign this authorization. Your refusal will not affect your ability to obtain treatment or insurance payment or eligibility for benefits.
- You may revoke this authorization at any time prior to the EHI Export File(s) release. This authorization will expire upon completion of the EHI Export File(s).
- You have a right to receive a copy of this authorization.
- **The information in the exported file may not be understandable to you;**
- **The raw data is intended, and formatted, for computer readbility only.**
- The export file may contain information that you may not have discussed with your provider(s);
- The export file may contain information that you do not want shared with others; and
- The export file may contain unanticipated, unforseen errors (e.g., inadvertent shifts in text/data, information not intended for disclosure, missing information, or other errors).

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AUTHORIZATION • RELEASE OF ELECTRONIC HEALTH INFORMATION (EHI) EXPORT FILE(S)

SECTION F: CAUTIONS BEFORE SIGNING

- Your health information that will be disclosed as a result of you signing this authorization could be re-disclosed by the recipient. If this occurs, your re-disclosed health information may no longer be protected by state or federal privacy law. Please note that if you wish to impose restrictions on the recipient's use of the health information, you must contact the recipient directly.
- If you have questions about your privacy rights, please contact the Stanford Health Care Compliance & Privacy Department at 650-724-2572.
- If you have questions about this authorization form or the release of your health information, please communicate with the Stanford Health Care Compliance & Privacy Department. If you have further questions regardin teh further release of your medical record information, please contact the Stanford Health Care HIMS Department at 650-723-5721.

SECTION G: CONFIRM AUTHORIZATION

Please sign and date this form to authorize Stanford Health Care to release your information as stated on this form.

Name of patient (please print): _____

Name of legal representative signing this form, if applicable (please print): _____

Relationship to patient: _____

Address of patient or legal representative signing this form, (please print): _____

Phone number of patient or legal representative signing this form: _____

If you are not the patient and you are signing this authorization form, describe your authority to sign on behalf of the patient and **PLEASE PROVIDE SUPPORTING LEGAL DOCUMENTATION:**

_____

_____

Signature of patient or legal representative:

_____ Date: _____

A COPY OF THIS AUTHORIZATION FORM MUST BE GIVEN TO THE REQUESTOR

(For Office Use Only)

Patient/Representative Identification Verified: ***SHC ROI Staff Initials:*** _____