



# Washington University Physicians®

Washington University School of Medicine in St. Louis

Health Information Release Services  
Campus Box 1219 | Suite 301  
4240 Duncan Ave.  
St. Louis, MO 63110  
Office Phone: 314.273.0453

I hereby authorize Washington University Physicians to transfer, release or obtain information on:

\_\_\_\_\_  
(Name of Patient)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Last 4 digits of Social Security #)

<b>OBTAIN FROM:</b>  _____ (Physician/Institution)  _____ (Attention)  _____ (Address)  _____ (Address)  _____ (City, State, Zip)  _____ (Phone)                      _____ (Fax)	<b>DISCLOSE TO:</b>  _____ (Physician/Institution/Patient)  _____ (Address)  _____ (Address)  _____ (City, State, Zip)  _____ (Phone)                      _____ (Fax)  _____ (E-mail address for electronic delivery of records)
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**For the purpose of:**

<input type="checkbox"/> Continuing Medical Care	<input type="checkbox"/> Legal Purposes
<input type="checkbox"/> Insurance	<input type="checkbox"/> Social Security/Disability
<input type="checkbox"/> School	<input type="checkbox"/> Patient's Request
<input type="checkbox"/> Military	
<input type="checkbox"/> Other (specify) _____	

Date(s) of Treatment:  Specific Dates: \_\_\_\_\_ thru \_\_\_\_\_                       All dates

**Please Check Specific Information Requested**

<input type="checkbox"/> All Records	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> X-Ray Reports	<input type="checkbox"/> Operative Report
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Operative Notes
<input type="checkbox"/> Pathology	<input type="checkbox"/> Nurses Notes	<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Medication Records	<input type="checkbox"/> Nuclear Medicine Report	
<input type="checkbox"/> Other (specify) _____		

Requests for Billing Records should be sent to Physician's Billing Services (Phone: 314-273-0763)  
Requests for Radiology Films should be sent to the Radiology Film Library (Phone: 314-362-2850)

**Psychotherapy Notes:** This authorization does not include permission to release outpatient Psychotherapy Notes. Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical record.

*Release of Psychotherapy Notes requires a separate authorization.*

