ROPER ST. FRANCIS

Internal Use Only:
Account Number: _____
Date ROI Received: _____
Name & Title Verified ROI & ID: _____
Date Released: _____
Name & Title Processed ROI:

Authorization for Release of Protected Health Information

PLEASE PRINT CLEARLY AND COMPLETELY

Patient Full Legal Name: _____ Date of Birth: _____
Street Address: _____ Social Security #: _____
City, State, Zip: _____ Best Contact #: (_____)_____
Email Address: _____ May we leave a message at this number: ☐Yes ☐ No

RELEASE INFORMATION FROM:
_____
Name of Facility or Practice
_____
City, State, Zip
_____
Phone Number Fax Number

RELEASE INFORMATION TO:
_____
Name of Facility, Person or Company
_____
City, State, Zip
_____
Phone Number Fax Number

PURPOSE OF RELEASE (check reason): ☐ Request of Individual/Personal Use ☐ Continued Patient Care ☐ Insurance
☐ Legal Purpose (including discussions & proceedings) ☐Other_____

DATES OF TREATMENT OR DATE RANGE OF RECORDS TO BE RELEASED: From _____**To** _____

HOSPITAL INFORMATION TO BE RELEASED (check all that apply):
☐ Hospital Summary (may include H&P, discharge summary, operative notes, consults, diagnostic test results, medication list and allergies)
☐ Discharge Summary
☐ History and Physical
☐ Consultation Reports
☐ Entire Record (not including psychotherapy notes)
☐ Cardiac Reports
☐ Emergency Record
☐ Operative Reports
☐ Laboratory Reports
☐ Radiology/X-Ray Reports
☐ Pathology Reports
☐ Other: _____

Fees May Apply. Requests for more than ten pages will be processed by our copy service who will contact you about charges that may apply pursuant to SC Code Section 44-115-80.

FORMAT (check one)
☐ Paper copy
☐ Email Address noted above, where permitted
☐ Jump Drive (where available)
☐ CD (where available)
☐ Other: _____

DELIVERY METHOD (check one)
☐ Reg.US Mail
☐ Pick-up
☐ Fax, where permitted
☐ Secure Email, where permitted
☐ Other: _____

PATIENT'S RIGHTS – I understand that:

- I can cancel this permission at any time. I must cancel in writing and send or deliver the cancellation to the releasing facility or practice named above. Any cancellation will apply only to information not yet released by the facility or practice.
- This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42 CFR Part 2), genetics, HIV/AIDS, and other sexually transmitted diseases.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.
- Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in a health plan, or eligibility for benefits.
- RSFH will not share or use my health information without my permission other than by ways listed in RSFH's Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at www.rsfh.com.
- A fee may be charged for providing the protected health information.
- I have a right to receive a copy of this form upon request.

This permission expires one year after the date of my signature unless an earlier date or event is written here: _____

Print Name: _____**Patient Signature:** _____ **Date:**____/_____/____

NOTE: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form. Check relationship/authority if signature is not that of the patient (written proof may be requested):
☐ Healthcare Agent/POA ☐ Guardian ☐ Executor/Administrator/Attorney in Fact ☐ Spouse
☐ Parent ☐ Adult Child ☐ Affidavit/ Next of Kin ☐ Other: _____

RETURN COMPLETED FORM IN PERSON, BY MAIL OR BY FAX WITH A COPY OF YOUR PHOTO I.D.

Roper Hospital
Attn: Medical Records Department
316 Calhoun Street, Charleston, SC 29401
Ph: (843) 724-2290 Fax: (843) 720-8323

Bon Secours St. Francis Hospital
Attn: Medical Records Department
2095 Henry Tecklenburg Drive, Charleston, SC 29414
Ph: (843) 402-2022 Fax: (843) 402-1544

Mt. Pleasant Hospital
Attn: Medical Records Department
3500 Hwy 17 N, Mt. Pleasant, SC 29466
Ph: (843) 606-7575 Fax: (843) 606-7914

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2026