



Children's Hospital
New Orleans
LCMC Health

**AUTHORIZATION TO
DISCLOSE OR RELEASE
PROTECTED HEALTH
INFORMATION**
PAGE 2 OF 2

PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

Facility Information:

Children's Hospital / Children's Clinics Attention: Release of Information 200 Henry Clay Ave New Orleans, LA 70118	Phone Number:	(504) 896-9585
	Fax Number:	(504) 896-9214 or (844) 240-6577
	Email address:	CHMROStaff@lcmchealth.org

Instructions for Releasing of Medical Records:

- Complete all sections on page one of this form. Incomplete forms will not be accepted (mandated by the Federal Guidelines for HIPAA).
- Form must be completed by patient or authorized patient representative, with appropriate identification.
- 3. If patient is deceased, did not expire at this facility, and you are the next of kin, please include a copy of the death certificate.
- 4. Please send (mail, fax, or email) your completed Authorization to Release Protected Health Information form to the location listed above.
- 5. If you have any questions regarding the release of your medical information, please contact the RELEASE OF INFORMATION DEPARTMENT at the location listed above.

Important Information about Authorization:

The authorization will terminate on the date indicated on the Authorization or when revoked in writing by the patient.

A separate signed authorization is required for the use and disclosure of health information for:

- Psychotherapy Notes
- Employment-related determinations by an employer
- Research purposes unrelated to your treatment
- Substance Use (Alcohol and Drug Use)

Due to the volume of requests, LCMC Health contracts with a 3rd party vendor to assist with Medical Record Requests. MRO Corporation

- Service Charge:
 - Paper .10¢ per page plus tax and postage
 - Electronic .10¢ per page
- Electronic Delivery or CD:
 - Flat fee of \$6.50

