



(*Kaiser Permanente entities and the instructions for completing this request are listed on reverse side of this form)

REQUEST OF PATIENT HEALTH INFORMATION

Patient Name: _____

Medical Record number: _____ **Birth Date:** _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Phone #:** () _____

Email: _____

Note: Fees may apply to certain requests

I hereby authorize Kaiser Permanente to disclose this information to: Check if same as above

Recipient Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone # () _____ **Fax:** _____ **Email:** _____

This disclosure can be used for the following purpose(s): Personal Use Legal Insurance Medical Treatment Medical Condition Verification Disability FMLA Workers' Comp

Check ONLY one of the following three options to identify the health information to be released.

Option 1: Form Completion (a substitute form or relevant medical records may be released)

Option 2: Last 2 years of Kaiser Permanente Medical Office and Kaiser Foundation Hospital records

Option 3: Records as specified. You must complete Step 1 and Step 2 below.

Step 1. Enter date range or date(s) of the records to be released: _____

Step 2. Select types of records to be released:

KP Medical Office Kaiser Foundation Hospital Immunization Lab Results

Diagnostic Images Copays & Deductibles Itemized Billing Pharmacy

Other (provider, department, specialty): _____

NOTE: Hospital and Medical Office records released as part of this request may contain references related to mental health, addiction, and HIV medical conditions.

Check the boxes below if you want this release to include the following information, Otherwise, this information will be excluded.

Mental Health Treatment Records **Addiction Medicine Treatment Records** **HIV Test Results**

Media Type: Electronic Paper **Delivery Preference:** Electronic Mail Fax

Kaiser Permanente may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this request. This disclosure is made at your request. For Virginia patients, a copy of this request, and a note stating to whom your information was disclosed will be included in your medical record. A copy of the original request is valid. You have a right to a copy of this completed request.

Date

Signature

If personal representative, print name/relationship

Instructions:

1. Complete the patient identification information at the top
2. Complete all required information for the recipient including a valid email address or fax number
3. Check the box for purpose of disclosure
4. Check the box(es) for the type of information to be disclosed
5. If selecting Option 3, you must complete Steps 1 & 2
6. Date and Sign the written request form
7. If you are a personal representative, print your name and relationship
8. Submit written request to release-of-information@kp.org or fax 770-220-3705
9. Keep a copy for your record

Please complete the patient questionnaire if requesting FMLA, Disability or Obstetrics

Please allow up to 10 business days to process this request

“Kaiser Permanente” means both your insurance company (a Kaiser Permanente health plan) and your doctors (a Permanente medical or dental group). It also includes different groups depending on where you live.

All states where we do business:

- Kaiser Foundation Hospitals

California:

- Kaiser Foundation Health Plan, Inc., Northern California Region
- The Permanente Medical Group

- Kaiser Foundation Health Plan, Inc., Southern California Region
Southern California Permanente Medical Group

Colorado:

- Kaiser Foundation Health Plan of Colorado
- Colorado Permanente Medical Group, P.C.

Georgia:

- Kaiser Foundation Health Plan of Georgia, Inc.
- The Southeast Permanente Medical Group, Inc.

Hawaii:

- Kaiser Foundation Health Plan, Inc., Hawaii Region
- Hawaii Permanente Medical Group, Inc.

Mid-Atlantic States:

- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- Mid-Atlantic Permanente Medical Group, P.C.\

Northwest:

- Kaiser Foundation Health Plan of the Northwest
- Northwest Permanente, P.C.
- Permanente Dental Associates, P.C.