

Instructions for Completing the Authorization to Exchange Protected Health Information

(RM.204.F03a, Revised 01-2020)

Section 1: Patient Information

- Fill in the name of the patient, date of birth, and provide a current phone number where you can be reached should we have any questions.
- Fill in the maiden name or other names if applicable.

Section 2: Exchange Information With

- Fill in the name and organization that will be receiving the records
- Fill in the phone and fax number.
- Fill in the entire address. If no fax number is provided we will mail records.

Section 3: Treatment Dates to Exchange

- Select from most recent admission, specific dates, or entire medical history
- Can also authorize future treatment (through the expiration of the release)

Section 4: Information to be Exchanged

- Place a “Y” in front of each document that you would like us to exchange
 - Psychiatric Assessment – is the assessment completed by the physician within 24 hours of admission
 - Discharge Summary – is the note completed by the physician (therapists or Licensed addiction counselor for some outpatient programs) summarizing what happened during the stay
 - Discharge Plans
 - Physician Discharge Orders (Transition Record Part 1)– the discharge order including diagnosis information
 - Discharge Plan- Page 1 & 2 (Transition Record Part 2 & 6) – the discharge plan completed by the discharge planner and nursing
 - Medication List (Transition Record Part 3)– the discharge medication reconciliation from HCS
 - Safety Crisis Plan (Transition Record Part 4)– the form completed by the patient and therapist
 - Advanced Directive Form (Transition Record Part 5)– the form completed during admission with the patients information on any advanced directives they have in place
 - History and Physical – this is the medical history and physical completed by Plains Medical staff within 24 hours of admission

- Medical Consults – any additional medical consults completed by Plains Medical during the stay
 - Lab Results – any results of labs drawn while at Prairie St. John’s
 - Substance Use Evaluation – this is the substance use assessment completed during the stay when ordered by the physician
 - Physician Progress Notes – the physician’s notes during the stay
 - Psychological Consults/Testing – this is a summary written by the psychologist for any testing completed during the stay
 - Other – you must specify other items by name
- The Date Sent and Sent by Initials columns are used by Prairie St. John’s to record when the information was sent and who sent it.

Section 5: Reason for the Request

- Check the purpose/purposes for the records to be sent.
- If it is for legal purposes or other, please specify a reason.

Section 6: Authorization Validation

- Read the statement and enter an expiration date if you want it to expire earlier than 1 year from the date signed.
- Sign and Date the Authorization
 - Minors 14 years and older must sign to authorize release of substance use disorder patient records
 - Minors 13 years and younger AND their parent/guardian must sign to authorize release of substance use disorder patient records
 - Parent/Guardian must sign to authorize release of mental health records for minors 17 years and younger
 - Witness is not required.

Please mail your request to Prairie St. John’s, Attn: Medical Records – ROI, 510 4th St S, Fargo, ND 58103 or you may drop it off at the front reception desk between the hours of 7:00am and 10:00pm. Requests may also be faxed to us at 701-476-7218 or 701-280-5798.

Please note that we are allotted 30 days to complete your request.