



CONSENT

AUTHORIZATION TO OBTAIN/ (USE OR DISCLOSE) PROTECTED HEALTH INFORMATION (PHI)

Originated:
Medical Record

Revised: 08/2025
File No: CONSENT A-01 Form No: 9179 SEH

Authorization must be signed by the patient if age 18 or over or by a minor patient (under 18) if emancipated or otherwise eligible pursuant to KRS 214.185 (See Consent Procedure); or by the parent or legal guardian for any other minor; or by the patient's legally authorized representative if the patient is otherwise unable to consent (See Consent Procedure).

REQUEST FOR MEDICAL INFORMATION:

I am requesting information about myself.

Patient Name (at time of treatment): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # (_____) _____ - _____ Work Phone # (_____) _____ - _____

I am requesting information about someone other than myself. Purpose: _____

My Name: _____

My Social Security Number: _____ - _____ - _____ Date of Birth: _____

My Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # (_____) _____ - _____ Work Phone # (_____) _____ - _____

My Relationship to the Patient: _____

THE INFORMATION I AM REQUESTING:

I am requesting a copy of the medical information, which includes any and all hospital and medical record, reports, and information in the possession of St. Elizabeth Healthcare, including, without limitation, information concerning treatment of drug or alcohol abuse, drug related conditions, psychiatric/psychological conditions and HIV/AIDS testing, diagnosis or treatment.

I am requesting medical information for services provided: (attach additional pages if necessary)

Srvc. Date/Med. Rec #: _____ Information Requested: _____

Srvc. Date/Med. Rec #: _____ Information Requested: _____

Srvc. Date/Med. Rec #: _____ Information Requested: _____

I hereby authorize _____ to disclose to: _____
Facility/Agency _____ Name & Title _____

Agency/Hospital/Company _____ Phone: _____

Address _____ Home: _____

City/State _____ Work: _____

FEES – There are no charges for the first request of PHI in a 12-months period. For additional requests in the same 12 months period, the charge is \$1.00 per page plus additional \$10 processing fee.

RESPONSE TIME – I understand that my request for PHI will be provided to me within 30 days (60 days for records that are stored off-site), unless I am notified in writing that an extension of up to 30 additional days will be needed.

Signature of Patient/Authorized Representative

Title _____

Date/Time _____

Identification Validated

Authorization Expiration Date (6 months unless otherwise indicated): _____

Date/Time _____

Signature of Individual Releasing Information

Department _____

Date/Time _____

NOTE: This authorization is valid for 6 months from the date of signature unless otherwise noted above. If you choose to revoke this authorization sooner you must submit the request in writing to the Medical Records Department. The revocation will not apply to your insurance company when the law provides your insurer with the right to contest a claim under your policy. Any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. SEHC will not condition treatment or payment on the individual signing this authorization for use or disclosure of their health information.

CONSENT**AUTHORIZATION TO OBTAIN/ (USE OR DISCLOSE)
PROTECTED HEALTH INFORMATION (PHI)**Originated:
Medical RecordRevised: 08/2025
File No: CONSENT A-01

Form No: 9179 SEH

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: SEH provides language assistance services and appropriate auxiliary aids, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are needed to provide meaningful access to an individual with limited English proficiency.

خدمات المساعدة اللغوية ووسائل الإعانة المناسبة، بما في ذلك خدمات ترجمة الوثائق St. Elizabeth Healthcare (Arabic) ية ال عرب الإلكترونية والمكتوبة وخدمات الترجمة الفورية الشفهية، مجاناً وفي الوقت المناسب، عند الحاجة إلى مثل هذه الخدمات لتوفير إمكانية الوصول المجدية للأفراد ذوي إجادة محدودة في اللغة الإنجليزية.

မြန်မာ(Burmese): St. Elizabeth Healthcare သည် အက်လိပ်ဘာသာစကားကျမ်းကျင့်မှုအားနည်းသော ပုဂ္ဂိုလ်အား အပြည့်အဝ ဝန်ဆောင်မှုရယူသုံးခွဲခွင့် ပုံပြီးပေးရှာတွင် ဘာသာစကားအကုအညီဝန်ဆောင်မှုများကိုဘာမက ဘာသာပြန်ဆိုထားသော ဒီလက်ထရောနစွဲနှင့် လက်ရေးစာရွက်စာတမ်းများ၊ နှုတ်ဖြင့် စကားပြန်များအပါအဝင် သင့်လျဉ်သည့် အထောက်အကုပြု ဝန်ဆောင်မှုများကို လိုအပ်ပါက အချင်းချင်းတစ်ပြီးညီ အခမဲ့ ပုံပြီးပေးသည်။

繁體中文 (Chinese): St. Elizabeth Healthcare

提供免费且及时的语言援助服务和适当的辅助设备，包括书面翻译电子文件和口译服务，以便与英语能力有限人士进行有效沟通。

Cushite Somali Oroomiffa (Oromo): St. Elizabeth Healthcare tajaajila gargaarsa afaanii fi deeggersa meeshaalee dhageettii, dubbi fi arguu barbaachisoo ta'an, sanadoota elektirooniksii fi barreeffamaan hiikamanii fi turjumaana afaanii dabalatee, kaffaltii malee fi yerootti tajaajilli akkasii barbaachisutti, nama dandeettii Ingiliffaa murtaa'aa qabu tokkoof dhaqqabamummaa hiika qabu ni kenna.

Nederlands (Dutch): St. Elizabeth Healthcare biedt gratis en tijdig taalondersteuning en passende hulp, waaronder elektronische en schriftelijke vertaling van documenten en een tolk, wanneer dergelijke diensten nodig zijn om de toegankelijkheid tot de zorg te verbeteren voor personen met een beperkte Engelse taalvaardigheid.

Deitsch (Pennsylvania Dutch): St. Elizabeth Healthcare duett Lei helfe as Druwwel hen fer Englisch verschteh. Sell meent, sie kenne em Copies uff der Computer odder uff Babier griege vun Documents in Englisch as in differnti Schprooche getranslate sin. Sie kenne aa en Interpreter beigriege wammer Hilf braucht fer schwetze mit ebber in Englisch. Des alles duhn sie unni as es em ennich ebbes koscht, un gschwind.

Français (French): St. Elizabeth Healthcare fournit des services d'assistance linguistique et des aides auxiliaires appropriées, y compris des documents électroniques et écrits traduits et une interprétation orale, gratuitement et en temps opportun, lorsque ces services sont nécessaires pour fournir un accès important à une personne dont la maîtrise de l'anglais est limitée.

Deutsch (German): St. Elizabeth Healthcare bietet kostenlos und zeitnah Sprachmittlungsdienste und entsprechende Hilfsmittel an, wie die schriftliche Übersetzung von Dokumenten im elektronischen und Papierformat sowie mündliche Dolmetscherdienste. Auf diese Weise soll Personen mit eingeschränkten Englischkenntnissen ein ungehinderter Informationszugang ermöglicht werden.

CONSENT**AUTHORIZATION TO OBTAIN/ (USE OR DISCLOSE)
PROTECTED HEALTH INFORMATION (PHI)**Originated:
Medical RecordRevised: 08/2025
File No: CONSENT A-01

Form No: 9179 SEH

हिंदी (Hindi): अंग्रेजी का बहुत ज्यादा ज्ञान न रखने वाले व्यक्तियों को सार्थक ऐक्सेस देने करने के लिए, St. Elizabeth Healthcare ज़रूरी होने पर, निःशुल्क और सही समय पर भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण प्रदान करता है, जिसमें इलेक्ट्रॉनिक और लिखित अनुवादित दस्तावेज़ और मौखिक व्याख्या शामिल हैं।

日本語 (Japanese): St. Elizabeth Healthcare

は、英語が苦手な人に意味あるアクセスを提供するために、電子的および書面による翻訳文書や口頭通訳を含む言語支援サービス及び適切な補助手段を、無料で適時に提供いたします。

Kinyarwanda (Kirundi): St. Elizabeth Healthcare irungika serevise z'ugufasha ururimi n'imfashanyo z'abantu bafise ingorane mu kwumva, harimwo n'inyandiko z'ivy'ubuhinga bwa none n'uguhindura inyandiko yanditse n'ugusemura amajambo, ku buntu kandi mu buryo bubereye, mu kiringo izo serevise zikenewe kugira umuntu atazi neza icongereza ashobore kuronka izo serivisi azitahura neza.

한국어 (Korean): St. Elizabeth Healthcare 는 영어 능력이 제한된 개인에게 의미 있는 접근성을 제공하기 위해 이러한 서비스가 필요할 때 무료로 적시에 전자 및 서면 번역 문서와 구두 통역을 포함한 언어 지원 서비스와 적절한 보조 도구를 제공합니다.

नेपाली (Nepali): St. Elizabeth Healthcare ले सीमित अङ्ग्रेजी प्रविणता भएका व्यक्तिलाई अर्थपूर्ण पहुँच उपलब्ध गराउन आवश्यक हुँदा निःशुल्क रूपमा र समयमै विद्युतीय र लिखित अनुवादित कागजात र मौखिक अनुवादहरूलगायतका भाषासम्बन्धी सहायता सेवा तथा उपयुक्त सहायक सामग्रीहरू उपलब्ध गराउँछ।

ਪੰਜਾਬੀ (Punjabi): St. Elizabeth Healthcare ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਉਪਕਰਣ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਇਲੈਕਟ੍ਰਾਨਿਕ ਅਤੇ ਲਿਖਤੀ ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸ਼ਾਮਲ ਹਨ, ਮੁਫਤ ਅਤੇ ਸਮੇਂ ਸਿਰ, ਜਦੋਂ ਅਜਿਹੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਸੀਮਤ ਅੰਗਰੇਜ਼ੀ ਮੁਹਾਰਤ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ ਅਰਥਪੂਰਨ ਪਹੁੰਚ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਹੁੰਦੀ ਹੈ।

Русский (Russian): В больнице St. Elizabeth Healthcare бесплатно и своевременно предоставляются языковые услуги и другая помощь (в том числе услуги электронного, письменного и устного перевода), когда это необходимо, чтобы обеспечить полноценный доступ для лиц с ограниченным знанием английского языка.

Srpsko-hrvatski (Serbo-Croatian): St. Elizabeth Healthcare pruža usluge jezičke pomoći i odgovarajuća pomoćna pomagala, uključujući elektronske i pismene prevedene dokumente i usmeni prevod, besplatno i blagovremeno, kada su takve usluge potrebne da bi se obezbedio smislen pristup osobi sa ograničenim znanjem engleskog jezika.

Español (Spanish): St. Elizabeth Healthcare proporciona servicios de asistencia lingüística y ayudas auxiliares adecuadas, incluidos documentos electrónicos y escritos traducidos e interpretación oral, gratuita y oportunamente, cuando dichos servicios son necesarios para proporcionar un acceso significativo a una persona con dominio limitado del inglés.

Tagalog (Tagalog): Nagbibigay ang St. Elizabeth Healthcare ng mga serbisyo ng tulong sa wika at naaangkop na mga auxiliary na tulong, kabilang ang mga electronic at nakasulat na mga isinaling dokumento at pasalitang interpretasyon, nang walang bayad at sa napapanahong paraan, kapag ang mga naturang serbisyo ay kinakailangan para magbigay ng makabuluhang pag-access sa isang indibidwal na limitado ang kahusayan sa Ingles.

Tiếng Việt (Vietnamese): St. Elizabeth Healthcare cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện hỗ trợ phù hợp, bao gồm tài liệu dịch điện tử và văn bản cùng dịch vụ thông dịch, tất cả đều miễn phí và kịp thời khi các dịch vụ đó cần thiết cho cá nhân có trình độ Tiếng Anh hạn chế.