

**AUTHORIZATION FOR RELEASE
OF HEALTH INFORMATION**

MRN:

Patient Name:

(Patient Label)

Patient Information	Patient Name: _____ MRN: _____ Address: _____ City, State & Zip Code: _____ Date of Birth (MMDDYYYY): _____ Phone: (____) _____ E-Mail Address: _____																								
Specify Healthcare Facility	☐ UCLA Health Hospitals/Clinics Doctor _____ Clinic _____ ☐ Jules Stein Eye Institute ☐ Resnick Neuropsychiatric Hospital ☐ Arthur Ashe Student Wellness Center ☐ Counseling & Psychological Services (CAPS)																								
Release Records to <i>Where do you want records sent?</i>	I authorize UCLA Health to release PHI to: Name of Hospital/Clinic/Person: <u>LegalEase Digital Imaging LLC</u> Address: <u>2496 Meadowcroft Dr</u> City, State & Zip Code: <u>Burton, MI 48519</u> Phone: <u>(855) 534-4003</u> FAX: <u>(810) 547-4030</u> *E-Mail Address: <u>pat.legalease@gmail.com</u> *Note: Provide your email address to receive an email status of your request.																								
Delivery Instructions <i>(please select one)</i>	☒ CD ☒ E-Mail ☐ Paper Copy (Neuropsychiatric Hospital/Behavioral Health Sciences does not release via email) Note: If left blank, a CD will be provided. *See page 2 for myUCLAhealth information																								
Purpose <i>What is the purpose of this release?</i>	☐ At the request of the patient/patient representative ☒ Other (state reason) <u>Litigation</u>																								
Health Information to be Released: <i>What records are being requested?</i>	Type of Records: <table border="1"> <tr> <td colspan="3">☐ Clinic Visit (office notes & consultations)</td> </tr> <tr> <td>☐ Billing Statements</td> <td>☐ Emergency Reports (ER)</td> <td>☐ Pathology Reports</td> </tr> <tr> <td>☐ Consultations</td> <td>☐ History & Physical Exams</td> <td>☐ Progress Notes</td> </tr> <tr> <td>☐ Data Export Request</td> <td>☐ Jules Stein Images</td> <td rowspan="2">☐ Radiology Images (x-rays)</td> </tr> <tr> <td>☐ Discharge Summary</td> <td>☐ Laboratory Reports</td> </tr> <tr> <td>☐ EEG Video</td> <td>☐ Operative Reports</td> <td>☐ Radiology Reports</td> </tr> <tr> <td>☐ EKG</td> <td colspan="2">☐ Other:</td> </tr> <tr> <td colspan="3">☐ Mental Health (Neuropsychiatric Hospital & Clinic Records)</td> </tr> </table>		☐ Clinic Visit (office notes & consultations)			☐ Billing Statements	☐ Emergency Reports (ER)	☐ Pathology Reports	☐ Consultations	☐ History & Physical Exams	☐ Progress Notes	☐ Data Export Request	☐ Jules Stein Images	☐ Radiology Images (x-rays)	☐ Discharge Summary	☐ Laboratory Reports	☐ EEG Video	☐ Operative Reports	☐ Radiology Reports	☐ EKG	☐ Other:		☐ Mental Health (Neuropsychiatric Hospital & Clinic Records)		
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Sensitive Information	Sensitive information will not be released unless specifically authorized below: ☐ Drug and Alcohol Abuse Results ☐ Genetic Testing Information ☐ HIV/AIDS Test Results ☐ Psychological/Vocational Results
Specify Date/Time Period	ESTIMATE/SPECIFY DATE RANGE FOR RECORDS BEING REQUESTED: FROM MM / DD / YYYY TO MM / DD / YYYY
Expiration of Authorization	Unless otherwise revoked, this Authorization expires _____ (insert applicable date or event). If no date is indicated this Authorization will expire 12 months after the date signed.
Signature(s)	<div> _____ (Signature of Patient / Legal Representative) Date _____ </div> <div> _____ Printed Name Area Code/Phone Number _____ </div> <p>If signed by someone other than the patient, indicate relationship to the patient _____</p> <div> _____ Signature of Witness or Interpreter Date _____ (only if patient unable to sign) Interpreter ID # _____ </div>

Mailing Addresses
UCLA HIMS, Release of Information

10833 Le Conte Ave, CHS BH-902
Los Angeles, CA 90095-1776
Fax: (310) 983-1468 | Phone: (310) 825-6021
Email: roi@mednet.ucla.edu
Image Management, Release of Information

200 Medical Plaza
B1- Level | Suite 165-11
Los Angeles CA 90095
Fax 310-825-3205 | Phone 310-825-6425

Mental Health Records

RNPH/BHS HIMS
10833 Le Conte Ave BH239A
Los Angeles CA 90095
Fax 310-206-7682
Phone 310-267-2661 or 310-794-1530
Email: NPHROI@mednet.ucla.edu
[Request medical records via myUCLAhealth.](#)

Visit our website for information:
<https://www.uclahealth.org/medical-records>

For assistance with your myUCLAhealth account, call: 855-364-7052.