SOUTHEAST HEALTH GROUP
La Junta, CO 81050
Phone: 719-383-5458
Fax: 719-384-8411

Southeast Health Group

Protected Health Information Request by an Agency

Date: _____ ☐ In-Person ☐ Telephone ☐ Fax

Name of Agency: _____ Agency Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person Requesting Information: _____ Title: _____

Phone Number: _____ Fax Number: _____

This Protected Health Information Request is for the records summary of:

Name_____ DOB: _____

In order to request information about another individual, that person must sign a ***HIPAA Authorization for Release of Information form*** that specifically authorizes the Requestor to obtain their Protected Health Information.

Date ROI was signed: _____ Purpose for the request: _____

Information to be released:

☐ Mental Health/ Psychiatric Condition ☐ Alcohol Abuse/Substance Abuse ☐ Other: _____

In response to your request, our policy is to provide the following:

1. A copy of the Intake Form, the 6 or 12 month Update Form or the Discharge Summary (whichever is most current).
2. An Outpatient Treatment Report.

If you are in need of specific session notes, those are considered by Southeast Health Group to be privileged communication between our agency and the patient.

Records requests may take up to ten business days to complete.

_____ _____
Signature of Person Requesting Information (Parent or Guardian if Minor Child) Date

_____ _____
SHG Employee Signature Date

Records were: Faxed ☐ Mailed ☐ Picked Up ☐

by_____ _____
Date