



Washington University Physicians®

Washington University School of Medicine in St. Louis

Health Information Release Services
Campus Box 1219 | Suite 301
4240 Duncan Ave.
St. Louis, MO 63110
Office Phone: 314.273.0453

I hereby authorize Washington University Physicians to transfer, release or obtain information on:

(Name of Patient)

(Date of Birth)

(Last 4 digits of Social Security #)

<p>OBTAIN FROM:</p> <p>_____ (Physician/Institution)</p> <p>_____ (Attention)</p> <p>_____ (Address)</p> <p>_____ (Address)</p> <p>_____ (City, State, Zip)</p> <p>_____ (Phone) _____ (Fax)</p>	<p>DISCLOSE TO:</p> <p>Marwan Shinawi, M.D. _____ (Physician/Institution/Patient)</p> <p>Washington University School of Medicine _____ (Address)</p> <p>660 S. Euclid Avenue, Campus Box 8116 _____ (Address)</p> <p>St. Louis, MO 63110 _____ (City, State, Zip)</p> <p>314-454-6093 844-965-9624 _____ (Phone) (Fax)</p> <p>mshinawi@wustl.edu _____ (E-mail address for electronic delivery of records)</p>
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For the purpose of:	
<input checked="" type="checkbox"/> Continuing Medical Care <input type="checkbox"/> Insurance <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Legal Purposes <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Patient's Request

Date(s) of Treatment: Specific Dates: _____ thru _____ All dates

Please Check Specific Information Requested		
<input checked="" type="checkbox"/> All Records <input type="checkbox"/> Discharge Summary <input type="checkbox"/> History & Physical <input type="checkbox"/> Pathology <input type="checkbox"/> Medication Records <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laboratory Reports <input type="checkbox"/> X-Ray Reports <input type="checkbox"/> Emergency Room Report <input type="checkbox"/> Nurses Notes <input type="checkbox"/> Nuclear Medicine Report	<input type="checkbox"/> Progress Notes <input type="checkbox"/> Operative Report <input type="checkbox"/> Operative Notes <input type="checkbox"/> Endoscopy
<input type="checkbox"/> Other (specify) _____ Including all genetic results		
Requests for Billing Records should be sent to Physician's Billing Services (Phone: 314-273-0763) Requests for Radiology Films should be sent to the Radiology Film Library (Phone: 314-362-2850)		

Psychotherapy Notes: This authorization does not include permission to release outpatient Psychotherapy Notes. Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical record.
Release of Psychotherapy Notes requires a separate authorization.

