



# Wexner Medical Center

## DEPARTMENT OF SURGICAL PATHOLOGY

### PATIENT AUTHORIZATION FOR RELEASE OF SURGICAL PATHOLOGY SLIDE(S) & REPORT

University Hospital  
410 West 10<sup>th</sup> Avenue  
Columbus, OH 43210-1228  
Phone: (614) 293-5905  
Fax: (614) 293-4715

Arthur James Cancer Hospital and  
Richard Solove Research Institute  
300 West 10<sup>th</sup> Avenue  
Columbus, OH 43210-1228  
Phone: (614) 293-8657

University Hospitals East  
1492 East Broad Street  
Columbus, OH 43205  
(614) 257-3191

Medical Record Number: \_\_\_\_\_  
For Office Use Only

#### PATIENT'S INFORMATION SECTION:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I authorize the Ohio State University Medical Center, Department of Surgical Pathology to release OSUMC Pathology slides/report to:

Facility / Hospital Name: \_\_\_\_\_

Facility Address:  
(Provide the Pathology Department's address of the receiving facility):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX: \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

The OSUMC date(s) of service for the procedure of which you are seeking consultation; or the OSU case #: \_\_\_\_\_

unstained slides are being requested; quantity \_\_\_\_\_

Effective April 19, 2010; OSUMC Pathology Department will no longer release original or recut slides to patients or their representative. All OSUMC Pathology cases (slides & reports) will ship directly to another Pathology Department or reviewing Pathologist, via overnight courier.

I hereby authorize OSUMC Pathology and its employees to release the designated information and/or slide(s). I understand and acknowledge that this authorization extends to all or part of the information designated above, which may include treatment for physical and mental illness, alcohol and/or drug abuse, and/or AIDS (Acquired Immunodeficiency Syndrome), and/or may include results of an HIV test or the fact that an HIV test was performed. A separate authorization is required for the release of psychotherapy notes. I expressly consent to the release of information designated above. This authorization is valid for 60 days, unless revoked by my written notice, provided said notice is received prior to release of the above designated information. The revocation of this authorization is effective except as indicated in Ohio State University Health System's Notice of Privacy Practices. Information released by this authorization may no longer be protected by federal privacy rules, such as HIPAA. I understand the Ohio State University Medical Center cannot condition my treatment or payment for health care on the Authorization unless the treatment is research-related or the care was provided solely to provide information for a third party.

X \_\_\_\_\_  
Signature of Patient or Person Authorized to Consent (Power of Attorney Proof Required)

\_\_\_\_\_  
Date Signed

X \_\_\_\_\_  
Relationship, if not the patient

X \_\_\_\_\_  
Witness (Optional)

\_\_\_\_\_  
Date Signed

For records covered by 42 CFR Part 2: This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

If you have questions regarding release of information from University Hospitals (including OSU & Harding Behavioral Health, University, Clinic, and Dodd Hall) or Arthur G. James Cancer Hospital and Richard J. Solove Research Institute call (614) 293-8657. If you have questions regarding release of information from University Hospitals East call (614) 257-3191. If you have questions regarding copy fees, contact ChartOne Customer Service at 1-800-521-COPY (2679).