

St. Luke's Regional Medical Center
190 E. Bannock, Boise, Idaho 83712
Patient Health Information Distribution Request

In order to release patient health information and to be in compliance with HIPAA, this request is needed for the proper documentation and verification of the physician's chosen method to receive the information. Please complete this request to modify a physician's delivery profile.

For more information please contact Dava Fisher 493-2839, Margaret Holmstrom 493-2838, or Kathleen Gresham 493-0325

Step 1 - Complete the form below:

Physician Name: _____

Practice Name: _____

Office Contact Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Practice Phone: _____ Practice Fax: _____

Other physicians at this practice to be set up the same:

Step 2 – Select **one** of the following delivery methods:

Staff Physician Fax: Fax Number _____
(Reports will fax to the identified fax #)

Staff Physician Printer: St. Luke's Network IP Address: _____
(Reports will print to the designated printer)

Staff Physician QuickChart Inbox: Access to QuickChart Inbox
(Reports will deliver to the QuickChart Inbox)

Mailed to Staff Physician's office (use address above)
(Reports will be delivered via US Postal Service to the designated address)

Placed in St. Luke's Medical Staff Mailbox (Boise only)
(Reports will be delivered to the Physicians Hospital Mailbox)

Authorized By _____

Date _____

Step 3 – Fax to St. Luke's Transcription at 208-381-3981.