

University of Michigan Health System Health Information Management Release of Information Unit 2901 Hubbard Rd #2722 Ann Arbor, Michigan 48109-2435 Phone: (734) 936-5490 Fax: (734) 936-8571	<h2 style="margin: 0;">AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD</h2> <p style="margin: 0;"><i>(Patient Requests Information To Be Sent From UMHS)</i></p>	<p style="text-align: right; margin: 0;">For Office Use Only:</p> <p>Information: <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> Faxed ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: _____ Date Processed: _____ Processed By: _____ <input type="checkbox"/> HIM Staff <input type="checkbox"/> Other: _____</p>
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5. **This authorization expires on:** _____ (specify expiration date or event).
If the expiration date is left blank, the authorization expires 60 days from the signature date.

6. **Revoking (cancelling) authorization:** I may revoke (cancel) this authorization at any time. Revocations (cancellations) must be made in writing and sent to the UMHS Health Information Management Release of Information Unit at the address listed on this form. Revocations (cancellations) will not apply to information that already has been released. If this authorization was obtained as a condition of providing insurance coverage, the authorization will not apply to my insurance company to the extent the law provides my insurer with the right to contest a claim under the policy, or the policy itself.

7. **Note:** Once information has been disclosed, UMHS can no longer protect it from further disclosure.

_____/_____/_____
Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign) **DATE** (mm/dd/yyyy)

Printed Name of Legally Authorized Representative (if patient is a minor or unable to sign)
Relationship to Patient: Spouse Parent Next-of-Kin Legal Guardian DPOA for Healthcare

8. **Payment:** There will be fees associated with most record requests. In some cases, payment must be received before records can be released. If you would like to pay for your records in advance, please provide the necessary credit card information on the following form (page). Should your record fees exceed 50.00, you will be contacted to approve the fee before your request will be processed.

Additional Information Regarding Your Request

REQUESTING MEDICAL RECORDS ON BEHALF OF ANOTHER PERSON

If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request the record set. Examples of these documents include Letters of Representation, Guardianship Papers, Affidavits of Heir at Law, etc. Please contact the Release of Information Unit at (734) 936-5490 to determine the documentation that will be required to process your request.

SUBMITTING REQUESTS & RECEIVING RECORD COPIES - Requests for medical records may be:

- Delivered to any University of Michigan Hospital or Health Center registration desk. *(Delivered requests will be forwarded to and processed by the Release of Unit at the Hubbard Road address.)*
- Mailed to Health Information Management, Release of Information Unit at 2901 Hubbard Rd., RM 2722, Ann Arbor, MI 48109-2435
- Faxed to (734) 936-8571

Records will be sent through US Mail. Records needed for medical emergencies will be faxed directly to a physician or medical facility. Our average turnaround time for processing requests is seven business days. Please include your phone number on your request, in case we need to contact you for additional information. **For questions regarding requests for medical record copies, please contact: Health Information Management – Release of Information at (734) 936-5490.**

FEES – Some records requested for legal, insurance, or personal use may require a prepayment. If your request requires prepayment, a fee notice will be sent to you upon receipt of your request. Actual postage and Michigan State tax will be added to the fees outlined below. Records fees will be billed as follows:

Patients: -Pages 1-20 are \$1.10 per page -Pages 21-50 are \$.55 per page -Pages 51 and up are \$.23 per page	Attorneys and Insurance Companies: -Clerical Fee of \$22.13 -Pages 1-20 are \$1.10 per page -Pages 21-50 are \$.55 per page -Pages 51 and up are \$.23 per page -Microfiche copies are \$2.00 per page
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Please make your check payable to “HealthPort”