AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize the named health care provider to release the information or records specified to upon request in person or by mail to the address specified at the time of the request.

Provider: (name and address)	**Patient**: **SS#:** **DOB:**

RECORDS AUTHORIZED TO BE RELEASED:

- ☐ Admission history and physical
- ☐ Discharge summary
- ☐ Complete hospital chart
- ☐ Office notes
- ☐ Outpatient records
- ☐ Psychiatric and other mental health records
- ☐ Records relating to drug or alcohol abuse (must specify the extent or nature of the records to be released)
- ☐ Medication administration logs, dietary logs, staff contact or service logs, and other records that may not be part of my individual medical record, but which contain information relating to me (These records should be redacted to protect information pertaining to other patients.)
- ☐ Other (specify):_____
- ☐ Lab reports
- ☐ Radiological images
- ☐ Consultation notes or reports
- ☐ Complaints or grievances filed, with responses or dispositions

o be released: _____
(example, specific hospitalization or visit)

This information will be used for the purpose of :

- ☐ Investigating an allegation of abuse
- ☐ Providing advocacy services
- ☐ Other activities at the request of the individual
- ☐ Verifying my eligibility for services offered by the
- ☐ Legal representation

I also understand that:

- I am not required to sign this authorization and that my health care or payment for care will not be affected by my refusal.
- Federal privacy regulations will no longer apply to the information disclosed, and that may redisclose the information.
- I am entitled to receive a copy of this authorization.
- A copy of this authorization may be utilized with the same effectiveness as an original.

_____
Patient or Representative Date

_____
Name of Representative (print)

_____
Relationship to Patient

This authorization will expire one year from the date of the signature below. I understand that I can revoke this authorization at any time by writing to the health care provider or to the , but that revoking this authorization will not affect disclosures made or actions taken before the revocation is received.

Instructions for Authorization to Release Medical Information

Instructions

- You can fill this form in on the computer for printing.
- When filling in the form on the computer, you can move between fields by using the TAB key, the ARROW KEYS, or the mouse. The SPACE BAR or a MOUSE CLICK will check or uncheck boxes.
- If you fill in too much text in a blank, the text block may be extended and the signature block may be forced onto a second page. This is okay, and this is also why the second page of this document is blank.
- You can print the form for signing after filling in the blanks. You do not need to save a copy to your computer.
- To simplify completing a copy of the form for many different providers, you may save a partially completed copy of the form on you computer and change only the provider or other information necessary for each additional copy before printing.

Explanation of HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires an Authorization to Release Medical Information in order for health care providers to release medical information or records. New requirements for authorizations became effective April 16, 2003. This requirement also extends to organizations related to health care providers, such as insurance companies and other organizations closely associated with health care providers, and their contractors. It is necessary to use this form when requesting information from health care providers because this law requires specific information to be provided on an authorization. This form should not be used to request records not covered by HIPAA (records obtained from a source other than a health care provider).

Medical providers are mandated to protect information and to require the use of forms that comply with the law. This form complies with the requirements of HIPAA and should be accepted by all medical providers. However, if a medical provider insists that the provider's form be used, you may want to use that form if it will expedite the process of obtaining records. Please notify the AWPPW if this situation arises so that the problem can be resolved.

Requirements for using the form:

HIPAA also requires specific steps in obtaining and utilizing an authorization to release medical information. Therefore, it will be necessary that you:

- Utilize one form for each medical provider from whom records are requested.
- Complete the forms in their entirety before asking a client to sign the form.
- Date the form at the time it is signed.
- Provide a copy of each completed form to the client.

Advice for using the form:
In addition, in order for you to make the best use of this form, you should:

- Make a **written request** for copies of records, if possible.
- **Specify the exact records you are requesting in a cover letter.** You may want to have a client check items to release that you do not need at the time. For example, you may have the client check an item such as 'Medication administration logs…' which may or may not be relevant to an investigation. You could then request those records at a later time if necessary.
- **Specify the period of time for which you are requesting records**.
- Clearly specify the **location to which the records should be mailed** or another method of delivery.
- It may be helpful to call some medical providers in advance to obtain an estimate of the cost involved and the provider's procedure for billing.

Note on records authorized to be released
All types of notes that you may need to request at any time from a particular provider should be checked. Otherwise, you may need to have another authorization signed before requesting additional records. There may be additional issues with some particular types of records:

- Records related to HIV status may not be released unless the individual has signed a separate release specific to HIV related information. 5 U.S.C. §19203-D.
- Psychotherapy notes may not be released unless the individual has signed a separate release specifying that such notes may be released. 45 CFR §164.508(b)(3)(ii).
- You must specify on the authorization the extent or nature of records to be released for drug or alcohol records. 42 U.S.C. 290dd-3; 42 U.S.C. 290ee-3; 42 C.F.R., Part 2. The individual may also use this section to limit other records to be released.
- 'Medication administration logs…' relates to information that is not a part of an individual's medical record. Such information may be particularly useful in abuse/ neglect investigations but must be specifically requested and have other patients' information redacted. This is time-consuming and costly, and such records should only be requested if necessary to investigate the specific allegations or a serious incident.

Note on statement of purpose
The statement of purpose should reflect the reason for the request. The client may elect to check the last statement 'other activities at the request of the individual' if desired.

Note on patient representatives
If a patient's representative is signing the authorization, you must specify the relationship of the representative to the patient. Common relationships include:

- Parent or Guardian

- Conservator (a copy of the order appointing the conservator should also be provided)
- Attorney-in-fact (a copy of the notarized Power of Attorney should also be provided)
- Administrator of an Estate (a copy of the letters of administration from the court should also be provided)