



Authorization for Release of Protected Health / Psychiatric Information

1. Patient Information

Patient Name _____ Date of Birth _____
Maiden or Alias Names _____ Phone _____
Patient Address _____

2. Providing / Receiving Authorization

I hereby authorize Inquest Health System To Obtain Records From: To Release Records To:
Name _____ Phone _____
Address _____ Fax _____
 Mail Records Fax Records Pick up Date _____ available only at 6819 Lima Rd Fort Wayne IN 46818

3. Purpose for Release* – please check one

Continuation of Care Transfer of Care Referral Personal Review Litigation SS Disability Case
 Other (specify) _____

4. Protected Health / Psychiatric Information to be Released – please check one

Complete Record (excluding psychiatric) All Image Reports All Lab Reports All Diagnostic Reports
 Psychiatric Evaluation Complete Psychiatric Record Radiology Films* (dates) _____
 Other (specify with dates) _____

5. Patient Rights, Re-disclosure and Fees

¹ I understand that I may revoke this authorization at any time in writing, as stated in the Notice of Privacy Practices, however, the cancellation will not affect any release of PHI that occurred before the cancellation was received. This authorization will expire upon my discharge from Inquest Health System **unless** I specify an event or expiration date here _____ . **Allow 30 days from date signed as expired requests will not be processed.**

² I understand I have the right to receive a copy of this request and treatment, payment, enrollment or eligibility for benefits may not be conditioned on my decision to sign this authorization.

³ I understand PHI identifies the patient using demographic information and may include, but is not limited to; medical or billing records, image reports or films, alcohol or drug use records, communicable diseases status (including HIV/AIDS), psychiatric diagnoses or records received from other organizations.

⁴ I understand that any disclosure of my PHI carries with it the potential for unauthorized re-disclosure and the PHI may not be protected by state and federal privacy protections. I release Inquest Health System from any and all liability or legal responsibility which may arise from the release of information authorized herein.

* I understand that Inquest Health System has the right to charge fees in accordance with the Indiana copying code; \$20 for the first 30 pages, \$.50 for pages 31-50, and \$.25 for pages 51 and higher; \$50 for films; \$10 for expedited PHI (within 48 hours); \$20 for certified or notarized records.

6. Signature of Patient or Personal Representative

Patient/Representative Signature _____ Date _____
Print Name _____ Relationship to Patient _____

CONFIDENTIALITY NOTICE THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION AND IS TO BE TREATED IN ACCORDANCE WITH HIPAA PRIVACY REGULATIONS. IF YOU ARE NOT THE INTENDED RECIPIENT PLEASE NOTIFY US IMMEDIATELY. THANK YOU.

Internal Use Only - To Be Completed By Staff

Incoming Requests: ID checked by _____ ID # _____ Medicaid Pre-Paid \$20.00
 Approved Denied Pages _____ Date Prepared _____ Prepared by _____
 Fee Waived Balance Due \$ _____ Pick up/Mail/Fax date _____ ID checked by _____
Outgoing Requests: Appt _____ Needed By _____ 1st Request _____ 2nd Request _____

Completing the Authorization for Release of Protected Health / Psychiatric Information

Ensuring the confidentiality of your medical records is a high priority for Inquest Health System. Please read the information below and follow the steps to complete the Release of Information form and if you have any questions please contact our Medical Records Department at 260-969-6200 ext 753.

**** Incomplete Or Unsigned Forms Will Be Returned For Completion ****

How to Complete the Authorization

1 Patient Information

- complete this area with the patient's most current information including complete address

2 Providing / Receiving Authorization

- choose if records are to be obtained or released and check the appropriate box
- who will receive records – complete with the name, address, phone and fax of who needs the records

3 Purpose for Release

- choose one of the options or specify a reason not listed

4 Protected Health / Psychiatric Information to be Released

- choose one of the options or specify and give dates for the minimum information needed to achieve the purpose

5 Patient Rights and Privacy

- make yourself aware of your rights and enter an event or date of expiration if you wish to extend or reduce the expiration date

6 Signature of Patient or Personal Representative

- sign your name, date, print your name, and state your relationship to the patient if you are not the patient

Completed Authorizations can be returned to any of our clinics or you can return them

By Mail: Inquest Health System Attn: Medical Records PO Box 8857 Fort Wayne IN 46898 **By Fax:** (260) 969-6201

Charges

Federal and State law allow us to charge for the reproduction of medical records. Our current fees are a minimum charge of \$20 for the first 30 pages, \$.50 for pages 31-50, and \$.25 for pages 51 and higher. \$50 charge for MRI film requests. \$10 for PHI requested within 48 hours of request. \$20 for certified / notarized requests. We also charge standard postage when mailing records, if applicable.

****Prepayment of \$20 is required at the time of request, if applicable, before the request will be processed. There is no charge for records sent to another health care facility for continuation or transfer of care or for current Medicaid patients.****

Processing Time

Our normal processing time is 7 to 10 business days however, by law we have up to 30 days to make your records available to you and up to 60 days for records that are located off site. Please allow at least 5 business days before calling to check on your request.

Picking Up Your Records

You will be contacted by phone when your records are available. Records are only available at our Health Now clinic located at 6819 Lima Road in Fort Wayne. You must present your photo ID and make payment, if applicable, before records will be released.

Mailing Your Records

Please note that the information being mailed has been requested by the patient or patient's representative and once released the information may no longer be protected by federal privacy regulations. Once this signed access form along with payment plus postage, if applicable, is received your records will be mailed.

Facts About Obtaining Your Medical Records

An individual has a right to confidentiality with respect to their medical records. In order to release medical records to anyone not involved with treatment, payment or operations, as stated in the Notice of Privacy Practices, the law requires a signed HIPAA compliant authorization form which must be fully completed and signed before any information can be released.

Declined Requests: HIPAA allows health care providers to withhold mental or medical health records if it is determined that inspection will result in "serious harm" to the individual or others. If the provider denies your request for records you will be provided with a denial letter. In some cases, you may be able to appeal the denial.

Requesting As A Designated Representative Or Legal Guardian: You may request someone else's medical records if you have legal rights to act as their representative. *A copy of the legal papers must accompany the request, when applicable.*

Requesting Your Children's Medical Records: For the most part, parents and legal guardians can obtain their children's medical records. However, there are a few exceptions to this rule. A parent *may not* get a child's records if: the child has consented to medical care and parental consent is not required under state law; the child gets medical care at the direction of a court; or the parent agrees that the minor and the medical provider have a confidential relationship.

Requesting Records of Deceased Persons: If you are the parent, spouse, child or personal representative of the deceased person's estate, either designated by a will or appointed by a court to settle a deceased person's affairs, HIPAA gives you access to the deceased's medical records. *A copy of the death certificate must accompany the request.*