Akron Children's Hospital

HIPAA AUTHORIZATION to RELEASE MEDICAL RECORDS (FROM Children's)

Please PRINT and fill out entirely.

MRN

_____

Facility Use Only

Patient Information

Patient Name: _____ _____/_____/_____
Last First Middle (any previous name) Date of Birth

_____ (_____) _____
Patient Street Address City State Zip Phone

Release To

Release Information TO the following Person(s) or Organizations:

Name/Organization: _____ Attention: _____

_____
Address City State Zip

(_____) _____ (_____) _____ _____
Phone Fax Email Address

Purpose

Person/Place requesting records (check all that apply):
☐ Patient/Parent/Legal Guardian ☐ Doctor/Hospital ☐Lawyer ☐ Insurance Company ☐ Other _____

Purpose of Release (check all that apply):
☐ Patient Care ☐ Disability ☐ Insurance ☐ School ☐ Legal ☐ Personal Use ☐ Other _____

Method of Release

Format of records to be released:
☐ on paper ☐ PDF [on CD or Jump Drive (if available)] ☐ Verbal communication only with person or agency listed above

Information May Be Sent Via: (*Note: Radiology images can only be placed on CD and mailed or picked-up)*
☐ Mail Delivery ☐ Fax ☐ Pick Up ☐ Encrypted Email* ☐ to MyChart* (*electronic records only, size restrictions apply)

→ Information to Release

Dates of Treatment Requested: _____ (If not specified, the **LAST 6 MONTHS** will be released)

☐ **Medical Record Abstract** – pertinent information generally used for continued care/personal use/disability.
The following items are included in a Medical Record Abstract:
After Visit/Discharge Summary, Emergency Record
History & Physical, Inpatient Consult Report(s)
Operative Report(s), Radiology Reports,
Lab or Other Tests

Other Information Requested (choose any to release):
☐ Vaccination (shot) records ☐ Billing Records
☐ Radiology Reports ☐ Appointment list
☐ Radiology Images on disc ☐ Demographics page
☐ Lab results (blood work)
☐ Pathology Report
☐ ACHP Records (specify ACHP): _____

☐ **Doctor's Office Reports** (Doctor or Department Name) _____

☐ **Other**: (please list exact documents) _____

Patient/Parent/Legal Guardian

This authorization expires **one year** from the date of signature, OR on this date / event: _____
I understand that treatment does not depend on me signing this Authorization. I understand that my/my child's/my ward's medical record might have information about sexually transmitted disease (STDs), acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It might also have information about mental health problems or services, and/or treatment for alcohol or drug abuse. I understand that if I release records to someone other than a doctor, insurance company, hospital or other health-related organization, these records may no longer be protected by the Federal privacy regulations, and this person or organization might release the records to someone else, except as prohibited by 42 CFR Part 2 or other applicable law. I understand that I can revoke or cancel this Authorization at any time, but this does not apply to records that were already released. If I want to revoke it, I must notify the Privacy Officer, in writing, at Akron Children's Hospital, One Perkins Square, Akron, OH 44308.

By signing below, I affirm that I am the patient and/or the patient's personal representative, and have the authority to authorize who may access or receive the patient's health information.

_____ _____ _____/_____/_____
Signature of Patient or Parent/Legal Guardian **Printed Name** **Date**
My relationship to the patient is ☐ Self ☐ Parent ☐ Legal Guardian – Attach Court Order to show your authority to sign

_____ _____ _____/_____/_____
Signature of Witness **Printed Name** **Date**

Submit

Submit **completed form** AND a **copy of a valid Photo ID (if a current one is not on file with us)** to:

Mail form to:	**Fax** form to:	**Email** form to:	**Questions? Call**:
Akron Children's Hospital One Perkins Sq., Akron, OH 44308 Attn: HIM	330-543-5360	records@akronchildrens.org	330-543-8552

Akron Children's Hospital

Authorization for Use and/or Disclosure of Protected Health Information (PHI)

Tips for Requesting Medical Record Copies – DID YOU KNOW?

- ✓ **Who Can Request Records:**
  - Patient (if 18 years of age or older, or a minor if the minor had authority to consent to their treatment)
  - Biological Mother
  - Biological Father married to biological mother at time of patient's birth
  - Under Ohio law, all other persons must provide documentation from the Court to show their authority to request records.
- ✓ **What Records Should I Request?**
  - If the information requested is for continuing patient care, patient/parent/legal guardian use, or disability purposes the receiving entity generally only wants a **Medical Record Abstract** (see definition below) of pertinent information.
  - When requesting dates of service, a **Medical Record Abstract** of the medical records from the last 6 months of active treatment will be released, unless otherwise specified. If additional records are needed, please specify dates.
  - Requests for "**ALL**" information (which includes for example: progress notes, nurses notes, flowsheets, consent forms, etc.) can considerably delay processing of your request and become very costly. If you need assistance determining what to request, please ask the person/entity authorized to receive the information what they need, or contact a Health Information Management (HIM) Department representative at (330) 543-8552, and we will be happy to assist you.

Medical Record Abstract contains the following documentation:

Discharge Summary	From an Inpatient stay, this document is a summary of the care, treatment, services provided and progress toward established goals of an inpatient stay
Emergency Record	This record documents a summary of the care, treatment and services provided for a visit to the emergency room
History & Physical	This form details the present illness or care needs and denotes any relevant past history
Inpatient Consultation Report(s)	This report documents the findings of a physician asked to examine a patient during an inpatient or observation stay
Operative/Procedure Report(s)	This report details the surgeon/proceduralist's findings, technical procedures used, specimens removed and postoperative diagnosis
Outpatient Clinic Note(s)	Notes from outpatient office/therapy visits
X-Ray Reports, Labs or Other Tests	Radiology, lab results, and other tests including echocardiograms and EKG's

- ✓ **Fees and Format:** Paper records sent to patient/parent/legal guardians or to providers for continuing patient care, are **not** charged. If you request a CD or if records are being sent to another person/entity, there may be a charge. See below:

Paper Copies	$0.20/page, if not stored in electronic format. (There is a look up fee for paper copied records for third party requesters of $18.93, then the $0.20/page.)
CD	$6.50 for patient/parents/guardians; $10.00 for 3rd party requesters. (Flat Fee, regardless of page count)
USB/Flash/Jump Drives	$12.00 (Flat Fee, regardless of page count)
Radiology Images	$20.00 for 1st CD, then $4.00 for each additional CD.
Shipping/Handling	Actual Cost based on US Postal Service rates (waived if picked up)

* Fees are reviewed periodically and are based on state law (Ohio Revised Code 3701.742) and federal law (the HIPAA HITECH ACT).

  - If you did not specify records to be released on paper or CD, the records will be released on CD if 100 pages or more.
  - If you've selected **"Reviewed in HIM**," an appointment needs to be scheduled. An HIM Department representative will contact you when the records are ready to be reviewed.

- ✓ **How Long Will it Take?** The Health Insurance Portability and Accountability Act (HIPAA) allows healthcare providers **30 days to process records** requested by patients/parents/legal guardians. If we need more time to process your request, we can take another 30 days if we notify you that additional time is needed. Akron Children's Hospital strives to provide records more timely, however, occasionally the full 30 days are required.

- ✓ **Can My Request be Denied?** Yes, some records may need to be reviewed prior to release and your request could be denied. Under federal and state law, Akron Children's Hospital may deny your request, in whole or in part, in limited circumstances. In the event Akron Children's Hospital denies your request, we must provide you with a written denial explaining why your request was denied.

- ✓ **Can I Request Records Through MyChart?** Yes, if you request records through the patient's Akron Children's Hospital MyChart account, please note that only those records documented in the electronic medical record system can be sent through MyChart. Also, Radiology images cannot be sent through MyChart. Radiology Images are placed on a CD and sent in the mail. Once the records are released by HIM to MyChart, they are available to be viewed, downloaded, or printed for 2 months (60 days).

- ✓ **How Do I Request Medical Records?** To request medical records, you must complete a **HIPAA Authorization to Release Medical Records Form.** This form may be found on our website: www.akronchildrens.org/records. The bottom of the form details different ways to submit the Request for Information. When you submit this form, you must also submit any documentation that is required to show your authority to request records (see "Who Can Request Records" above). If documentation is required, your request cannot be processed if you do not submit documentation of your authority to request records.