



REQUEST FOR MEDICAL RECORDS

Acuity Specialty Hospital of Ohio Valley at Weirton

Third Party Request for Release of Information

I, _____ GIVE PERMISSION TO RELEASE THE PROTECTED HEALTH INFORMATION OF (PLEASE PRINT):

Form with fields for First Name, MI, Last Name, Date of Birth, Phone, Last 4 digits SSN, Address, City, State & Zip.

WHICH RECORDS WOULD YOU LIKE TO RECEIVE? (ENTER THE ADMISSION AND DISCHARGE DATE, THEN SELECT THE APPROPRIATE BOX(ES)):

Form with Admission Date and Discharge Date fields, and checkboxes for various record types like Discharge Summary, History & Physical, etc.

PURPOSE OF RELEASE (SELECT ONE): Request of patient/personal Medical Care Insurance Disability Worker's Compensation

Legal purpose including discussions & proceedings Other:

HOW WOULD YOU LIKE TO RECEIVE THE REQUESTED MEDICAL RECORDS?

Form with checkboxes for CD, Fax, E-mail, Paper Copies, Mail, On-site Pick Up, and a note about encryption.

PLEASE INDICATE WHERE YOU WOULD LIKE THE RECORDS TO BE SENT (PLEASE COMPLETE APPLICABLE SECTION(S) BELOW):

Form with fields for Recipient Name, Recipient Phone, Recipient Mailing Address, Recipient Fax, and Recipient E-mail.

I UNDERSTAND THAT:

- List of 6 points explaining the patient's understanding of the release of information, including cancellation, full release, disclosure, and fee.

Form for Relationship and authority to act, with checkboxes for Healthcare Agent/POA, Wife, Husband, Guardian, Next of Kin, Parent, Executor/Administrator/Attorney in Fact, and Other.

PLEASE RETURN COMPLETED AND SIGNED FORM TO (REQUESTS MAY BE RECEIVED VIA MAIL, FAX OR EMAIL ATTACHMENT):

Form with contact information for Health Information Management Director - ROI, including address and phone/fax numbers.

- There may be a fee associated with producing requested records. Please see the fee schedule for this Acuity Healthcare facility.

For Office Use Only

Form with fields for Date of release, Employee Name & Title, Date, and Time.

*** ATTENTION ***

This message may contain confidential and/or privileged information. If you are not the addressee or authorized to receive this for the addressee, you must not use, copy, disclose, or take any action based on this message or any information herein.