

AUTHORIZATION FORM FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

Please check (✓) the appropriate box(es) (☐) and fill in the blanks or your request may be delayed. Records can be released in ONE way, not multiple.

1. Patient last name: _____ First name: _____
 Address: _____
 Date of birth: _____ Phone number: _____

2. Requesting information from (specify DCMG provider): _____

3. Date(s) of treatment: ☐ Specific dates: _____ through _____

4. Specific information requested (check all that apply):

- ☐ Abstract report (last 2 yrs of office visits & tests) ☐ Radiology/Imaging reports (specify): _____
 ☐ History & Physical ☐ Laboratory reports
 ☐ OV/Progress notes ☐ Other: _____

5. In what format would you like to receive your records? **(choose one):**

- ☐ Paper ☐ CD ☐ Email _____
email address
 (please only fill out if you want records sent to your email)

Purpose of Disclosure (must complete):

- ☐ Personal ☐ Continuity of Care
 ☐ Other: _____

☐ Please send copies of my records to:

Individual / Provider / Personal Representative name: _____
 Street address: _____
 City, State, ZIP code: _____
 Provider phone number: _____
 Provider fax number (print clearly): _____

Email is not a secure means of communication. We will encrypt email communications of your records.

DCMG may charge a fee for copies of requested health information to cover the cost of labor, supplies, and/or postage as defined by Florida State Statute 395.3025. We reserve the right to condition release of the requested information on payment of applicable charges. An invoice will be sent with your medical records. We will respond to your request within 30 days from the date of receipt. Actual turnaround time is typically shorter. We will require an additional 30 day extension if your health information is not readily accessible or is maintained in an offsite storage facility. We will notify you if we need this extension of time.

If I submit this access request form and request to have my information sent to a third party, I understand that information contained in my medical record may contain HIV/AIDS testing, results, and/or treatment records; mental health diagnosis and/or treatment records; alcohol and/or drug diagnosis and/or treatment records.

This authorization is valid up to 90 days from date of signature but can be revoked at any time by written request. I agree to hold Diagnostic Clinic Medical Group harmless and release them from liability for any claims or actions, which may occur as a result of the release of my information. If I refuse to sign this authorization, my information will not be released except as required by law. My treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization.

 Signature of patient/Legal Guardian/Personal Representative

 Date

 Print name

 If signed by Personal Representative, relationship to patient

For HIM Use Only -- Completed by: Date _____ Dept _____
 Make a copy of completed form; give copy to patient and forward original to HIM Dept. Initials _____

Frequently Asked Questions

- 1. How do I request my medical records?** By completing the Authorization Form for Access to Protected Health Information. You can mail, email, or fax a request for your records. See below.
- 2. Can I fax or email my request?** Yes. To expedite the process, and to make it easier for our patients to request copies of their medical records, we have set up a dedicated fax line and email address for our patients to submit their request. The fax number is **727-501-7312**, and the email address is **ask.him@dcmail.org**.
- 3. Once I request my medical records, how will I receive them?** We can mail paper copies or if you provide your personal email address, they will be delivered to you electronically.
- 4. Can I receive my records via fax?** No. Due to HIPAA rules and regulations, and to ensure every patient's right to privacy, we can only fax patient medical records to other medical facilities for continued patient care.
- 5. Can I receive my records via email?** Yes. We have outsourced this secure method to Ciox Health. Once you provide your email address via the authorization form, and the records are processed, you will receive instructions from them on how to access your records.
- 6. Who can I call regarding the status of my medical records?** Ciox Health will process your record request on behalf of DCMG. To check status or make payments, please call MRO directly. Phone 800-367-1500
- 7. What are the business hours for DCMG HIM Department?** Monday-Friday 8 a.m. - 4:30 p.m. We are closed on weekends and holidays.
- 8. Is there a charge for copies of my medical records?** Yes. Per Federal and State regulations, there may be a fee associated with obtaining copies of your medical records depending on the format requested and the amount of information. By law, we are only required to retain medical records for no longer than seven years. There is no charge for medical records that are requested from another physician or healthcare facility for continued care.
- 9. If I come to the Largo location customer service window, can I receive copies of my medical records while I wait?** It depends on how many records you are in need of; for a few documents, yes. If you have a large quantity of records, they may be mailed to you or you may be asked to return at a later day to pick them up.
- 10. How long does it take to receive my records once my request is received?** Once your request is received, it is processed within 10 days but could take up to 30 days to process and be sent out to you.
- 11. Who can pick up my records?** Only you can pick up your records unless you write a letter authorizing someone else to pick up your records, or specify this information on the signed and dated access request form. The person you authorize to pick up your medical records will need to show identification before medical records are released.
- 12. Who can request my records?** Only you or the person/entity authorized by you to obtain records may request records. A Healthcare Surrogate or Durable Power of Attorney that includes HIPAA authorization powers appointed by you may request copies of your medical records. A copy of the corresponding documentation and appropriate identification must be presented before records can be released to a personal representative.
- 13. Can I request records on a deceased person?** Records on deceased patients can be requested by the Administrator of the deceased's estate, next of kin (surviving spouse, adult children, parents, adult siblings, respectively). Proper documentation and identification must be provided. This may include court documentation, death certificate, and documentation proving relationship; i.e. an adult child requesting his/her deceased's parent records must provide proof there is no surviving spouse and a birth certificate identifying patient as his/her parent.
- 14. How do I request someone else's medical records?** Only under certain circumstances can you request and receive someone else's medical records without their written authorization:
 - You must be a parent of a minor child (under 18) who is not emancipated, or
 - You must have Durable Power of Attorney or Healthcare Surrogate for the patient you are requesting, or
 - You must provide court order allowing you to obtain requested records.
- 15. What is an abstract?** Last two years of office visits and testing per provider.