



\*ROICOR\*



AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION (RELEASE OF INFORMATION)

Table with 4 columns: Location, Mailing Address, Phone Number, Fax Number. Includes checkboxes for Daniel Drake Center, University of Cincinnati Medical Center, University of Cincinnati Physician Company, and West Chester Hospital.

This request is to release medical records for the following:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_
Maiden Name \_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address (Street, City, State, ZIP Code) \_\_\_\_\_
\*\*\*\*\*

Medical records to be released FROM:

Name or Person or Organization \_\_\_\_\_
Address (Street, City, State, Zip Code) \_\_\_\_\_
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Medical records to be released TO:

Name of Person or Organization: \_\_\_\_\_
Address (Street, City, State, Zip Code) \_\_\_\_\_
Recipient Phone #: \_\_\_\_\_ Recipient Fax #: \_\_\_\_\_
\*\*\*\*\*

Treatment Dates \_\_\_\_\_

Purpose of Request [ ] Self [ ] Continuity of Care/For another [ ] Disability [ ] Legal [ ] Insurance [ ] Research [ ] MyChart

Table with 2 columns: Information type (e.g., Abstract, Discharge Summary, Radiology reports) and checkboxes for selection.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Patient or Legal Representative \*: \_\_\_\_\_

If Signed by Legal Representative, relationship to patient \_\_\_\_\_

Legal representative must provide a copy of guardianship, Executor of Estate, or Power of Attorney (POA) documents

Office Use Only: Received by: \_\_\_\_\_ Medical Record number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Copy to individual



## Quick Tips for Requesting Your Medical Record

- ❖ For “Continuity of care” the receiving caregiver typically only wants to receive an “Abstract” of key information from the medical record. The same “Abstract” sent to caregivers also almost always meets the need for individual use.
- ❖ A Medical Record “Abstract” contains the following:
  - ✓ Discharge Summary – this document is a summary of the care, treatment, and services.
  - ✓ Emergency Department Record
  - ✓ History and Physical – this form details the history of present illness and any relevant past history
  - ✓ Operative Reports – this report details the surgeon’s findings, technical procedures used, specimens removed and postoperative diagnosis
  - ✓ Consultation(s) Reports(s) – this report documents the findings of a physician requested to examine a patient
  - ✓ Radiology, X-ray & Lab reports

MyChart request will be a limited set of records. They will not be the entire record.

- ❖ **There is a charge for medical records copies.** Requestors will be sent a prepayment invoice from our copying service MRO. Upon determination of total cost and once payment is received, the charts will be sent.  
  
**\*\*Please note:** The state of Kentucky is the only place that offers 1 FREE copy of your chart, NOT Ohio\*\*
- ❖ The Health Insurance Portability and Accountability Act (HIPAA) allows healthcare providers 30 days to process records. UC Health puts forth every effort to provide records more timely, however occasionally the full 30 days are required to fulfill your request.