AUTHORIZATION FOR THE DISCLOSURE OF HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

I hereby authorize that my protected health information, as described below, be released by Riverview:

☐ Entire Health Record
(Includes all demographic information, admission & discharge dates, diagnostic tests & reports, treatment notes, history & physical, operative notes/reports, discharge summary, & emergency records, including Drug & Alcohol Use/Treatment, Mental Health, Genetic Testing, & Communicable Disease Records)

OR

☐ Release only those parts of my health record marked below: _____
(Date(s) of Service Requested)

☐ Admission History & Physical
☐ Emergency Department Records
☐ Cardiology Reports
☐ Operative Notes/Reports/Procedures
☐ Discharge Summary
☐ Consults
☐ Radiology Reports/Images
Specify: _____
☐ Pathology Reports/Lab Reports
Specify: _____
☐ Discharge Instructions (at time of discharge)
☐ Other _____ (Must specifically state title or category of record)

Indicate any specific information to be EXCLUDED from this Authorization, if any:

☐ Drug & Alcohol Use/Treatment Records
☐ Mental Health Records
☐ Genetic Testing Records
☐ Communicable Disease Records
☐ Other: _____

The following person or organization is authorized to receive my protected health information:

Name of person/organization to receive records:_____

Address for mailing records: _____

_____

☐ **ELECTRONIC (see back for instructions)**: If e-mail user, do you prefer an electronic copy? ☐ YES ☐ NO

If yes, your e-mail address is: _____

Purpose of release:
☐ Legal/Attorney
☐ Referral to physician/other provider
☐ Personal Representative/Self/Family
☐ Insurance review/purposes
☐ Court Evaluation
☐ Other:_____

I understand that I may refuse to sign this Authorization and that my refusal will not affect my ability to obtain treatment from Riverview.

I understand that I have the right to revoke this Authorization, if the revocation is in writing to Riverview. I understand that if I revoke this Authorization, it will not have any effect on previous action taken by Riverview in reliance on this Authorization.

I understand that my PHI that is disclosed under this Authorization may be subject to re-disclosure by the recipient, and its privacy will no longer be protected by federal privacy regulations.

I understand that this Authorization may be utilized electronically by Riverview and its agents.

This Authorization shall expire on___, 20_____ (Date/Not to exceed 60 days.)

By signing this Authorization, I acknowledge that I have read and understand this Authorization, and authorize the disclosure of my protected health information in accordance with the terms of this Authorization.

_____ _____
Signature (Patient/Authorized Representative/Guardian) Date

_____ _____
Signature (Witness) Date

☐ Proof of Authorized Representative

ELECTRONIC COPY:

HealthPortConnect is a web-based medical record request portal – a dependable HIPPA-compliant method for delivering release of information requests electronically. HealthPortConnect is where requesters go to get the medical records they requested to be sent electronically. This eDelivery functionality accommodates requests for electronic copies of medical records in a **safe and secure**, **password protected** environment that is compliant with HIPPA privacy and security regulations.

INSTRUCTIONS:

You will receive an email from HealthPort, at the email address you have provided, that will include detailed instructions on how to access your electronic records via a secure web portal. Once you have received the email notification from HealthPort, the medical record will be available via the web portal for 30 days. If the record is not accessed during that timeframe, it will be deleted from the portal. If you need the record after that time, you must resubmit your request to the healthcare facility.

To access the record electronically your computer must meet or exceed these requirements:

- Windows or Mac platform
- Pentium 3 or Mac G3 or higher
- At least 128 MB of RAM
- Internet Explorer 6.0 or 7.0 with 128-bit encryption pack or Netscape 4.77
- At least 56K modem; however, DSL or T1 line is recommended
- Adobe Reader (latest version available free from www.adobe.com)
- 200 dpi (or higher) printer (for printing records)