

# Authorization to Disclose Medical Record Information

Please send completed form to: \_\_\_\_\_

**Reliant Medical Group**  
385 Grove Street, Worcester, MA 01605  
(508) 721-1142 • Fax: (508) 453-8030  
email: release@reliantmedicalgroup.org

<b>(Office use only):</b>
Completed By: _____
Date: _____
Dept: _____

## Patient Information

Patient's Name: \_\_\_\_\_  
Patient's Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

## Release Information

I hereby authorize Reliant Medical Group to:  **Send my medical records to:**  **Request my medical records from:**  
Name/Facility: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Purpose of Request:  Personal  Continued Care (Appt. with Specialist)  Legal  Insurance  
 Transfer of care (New Physician)  Other: \_\_\_\_\_

## Information to be Released

*\*Please specify date ranges.*  
 Abstract (\*generally recommended for transfer of care – includes 3 years of history, notes and test results)  
 Office Visits \* \_\_\_\_\_ to \_\_\_\_\_ Specify Provider(s): \_\_\_\_\_  
 Lab Results: \* \_\_\_\_\_ to \_\_\_\_\_  Radiology Reports: \* \_\_\_\_\_ to \_\_\_\_\_  
(If radiology **images** are required, please contact the radiology department directly.)  
 Other (please be specific): \_\_\_\_\_

## Statutorily Protected Information

*The following items will not be included unless specifically authorized.*  
 Genetic Testing Initial: \_\_\_\_\_  Psychiatric Health-including Behavioral Medicine Notes Initial: \_\_\_\_\_  
 HIV/AIDS Results Initial: \_\_\_\_\_  Alcohol/Drug Abuse Treatment Initial: \_\_\_\_\_  
 Sexually Transmitted Diseases Initial: \_\_\_\_\_ (Including CFR42 Part 2 Records)

## Fees & Format

Pursuant to HIPAA 45CFR,164.524 we reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. Often times an Abstract (3 years of history, notes and test results) is sufficient for most patient care. If you want the entire record or more than a three year abstract, the rate may increase proportionately based on the cost. At no time will the cost-based fees exceed Massachusetts law (MGL Chapter 111; Section 70).

**Preferred format for release** (file size restrictions may apply)

Paper  CD  Fax  USB Flash Drive  My-Chart (patient portal)

I understand that I have a right to revoke this authorization at any time by providing a written statement to the Medical Records Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand this authorization is valid for 12 months unless otherwise specified or revoked. Please specify an expiration date if less than 12 months: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
I understand that authorizing the disclosure of this health information is voluntary. I need not sign this form in order to assure treatment.  
I understand that my health record may contain general information related to my mental health, drug/alcohol abuse, or other information that I may consider sensitive. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and may not be protected by federal confidentiality rules.

## Signatures

Patient/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Legal Representative: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

\*Copy of signed supporting legal document showing your status as authorized representative with access to member's/patient's records must accompany request.

**This authorization must be completed in its entirety or it will not be processed.**

## Frequently Asked Questions Regarding Obtaining Copies of Medical Records

Reliant Medical Group has trained professionals working in the Release of Information Department who can assist you in obtaining your health information. Frequently asked questions regarding the release of information process are listed below. If you have any additional questions, please contact our Release of Information Department.

### **How can I obtain a copy of my medical records?**

If you have a Mychart Account, you can make a request directly through Mychart in the “my medical record” section. Otherwise you must submit a written request or an “Authorization to Release Medical Records” form to us. You can use the mailing address, email address or fax number printed on the form itself.

### **How can I obtain copies of Radiology images or Billing records?**

If you would like a copy of your radiology images on CD, please contact the Radiology Department directly. If you would like copies of your bills please contact our Patient Financial Services department.

### **Is there a cost to obtain a copy of my medical record?**

Yes, there can be a charge to obtain a copy of your medical record. Pursuant to HIPAA 45 CFR, 164.254, we reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. This fee is based on supplies and postage to fulfill your request. Often times an Abstract (3 years of history, notes and test results) is sufficient for most patient care. If you want the entire record or more than a three year abstract, the rate may increase proportionately based on the cost. At no time will the cost-based fees exceed Massachusetts law (MGL Chapter 111; Section 70).

- MyChart – No Charge
- Fax – No Charge (50 page limit)
- CD – \$6.50
- USB Flash Drive – \$10.00
- Abstract – Paper \$6.50

### **How can I submit my payment?**

You will receive an invoice from Reliant Medical Group with instructions on how to submit payment. We may require prepayment for the records.

### **How soon can I expect my request for medical records to be completed?**

Processing time varies depending on the type of request. Routine requests are usually completed within 7 to 10 business days. Please feel free to call our Release of Information Department at the number above to discuss your individual medical record request needs.

### **Can someone other than myself pick up copies of my medical records?**

Generally no. If your authorization permits us to release your records to you – they will only be released to you. If it is necessary for someone else to pick up your records – we would need written permission from you to give the records to another individual. Photo ID is always required if you (or someone you designate) are picking up records.