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

If you choose to return the completed form via un-encrypted email, please note email is not a secure method of communication and carries some risk of being read by a third party.

(Office use only):
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: _____

☐ HIV/AIDS Results Initial: _____

☐ Sexually Transmitted Diseases Initial: _____

☐ Psychiatric Health-including Behavioral Medicine Notes Initial: _____

☐ Alcohol/Drug Abuse Treatment Initial: _____
(Including 42 CFR 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 re-disclosure and may not be protected by federal confidentiality rules.*

Signature/e-Signature

Patient/Legal Representative Signature: _____ Date: _____

As a personal representative who has been legally appointed: I acknowledge that by typing/signing this form I have the legal authority to act on behalf of the patient, and am attaching the appropriate legal documentation to the this request.

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?
If you would like a copy of your radiology images on CD, please contact the Radiology Department directly.

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.