

# **Authorization to Release or Obtain Confidential Health Care Information**

l,	herek	by author	ize VCU Health System	to release/obtain the health
information indicated below contained in my patient records				
I understand and acknowledge that this may include information HIV/AIDS test results or diagnoses.	rmation abou	ut physica	al and mental illness, alcol	nol/drug abuse, genetics and/or
This authorization does not include permission to release	e Addiction T	reatment	Notes (42 CFR Part 2) or o	outpatient Psychotherapy Notes.
all of which require a separate authorization. Psychotherap				
separate from the rest of the medical record.				
Information Requested for:		Informa	tion to be ☐ Released	To: or ☐ Obtained From:
Patient's Full <b>Name</b>		Name of	person, provider, institution	n, attorney, school, etc.
Address		Address		
City, State, Zip Code		City, State, Zip Code		
Date of Birth Phone (Home or Cell)		Phone		Fax
Information to be ☐ Released or ☐ Obtained				
□ Discharge Summaries □ Immunization □ History and Physical □ Clinic Notes □ Emergency Records □ Therapy Not □ Operative Reports □ Cardiac Test □ Inpatient Notes □ Abstract *(s	tes (Speech,	OT, PT)	☐ Radiology Images ☐ Radiology Reports Other:	☐ Laboratory Reports ☐ Pathology Reports
Approximate Service Dates:				
Records to be Delivered By: (electronic delivery unless otherwise specified)				
Records to be Delivered By: (electronic delivery unless of	otherwise spec	cified)		
Records to be Delivered By: (electronic delivery unless of	otherwise spec	cified)		
Records to be Delivered By: (electronic delivery unless of Email to address:	otherwise spec	cified)		
• •			e □ To be <u>picked up</u> by	:
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This form may be used to obtain or request information from another facility for continuity of care and does not require patient authorization.



## **Authorization to Release or Obtain Confidential Health Care Information**

## Understanding Your Rights Pertaining to Your Records (For Use and Disclosure)

## **Facts About Obtaining Your Medical Records**

- You have the right of access to inspect and obtain a copy of your confidential health care information.
- The law requires a signed authorization form which contains the criteria included on this form.
- The form must be fully completed before any medical information can be released.
- When records are requested from another facility for continuity of the care, the patient's authorization is NOT required.

#### What is an ABSTRACT?

- An abstract includes information about you such as your Allergies, Procedures, Problem List, Home Meds, Immunization Record, and Social History, as well as all Doctor's Notes, Lab and Pathology results, X-ray reports, and other diagnostic test results that occurred during the visit.
- Documents NOT included in the abstract include notes by Nursing and other Allied Health providers, Medication and IV Administration Records, or Flowsheet Information such as Vital Signs, Measurements and Activities of Daily Care.

### \* Exceptions for patients under the age of 18

VCU Health System follows Virginia State Statute § 54.1-2969(E) with regard to a minor's access to information about care received for the conditions listed below.

- Sexually transmitted diseases
- Birth control, pregnancy or family planning

- Outpatient care for substance abuse
- Outpatient care for mental illness

Costs: VCU Health System follows Virginia State Statute § 8.01-413.

## When and How Will I Get My Records?

- Your request will be completed within 30 days of receipt and will be available via a secure e-mail.
- You will be notified when your records are ready, or if the records cannot be processed within this timeframe.
- If you would like to pick up your records, or have the records mailed to the address listed on the authorization form, please indicate your choice on the form.
- Records will only be faxed for continuity of care purposes.
- Individuals picking up records must present valid government issued I.D.

### **How Do I Release My Medical Records?**

Complete this "Authorization to Release Confidential Health Care Information" form in its entirety. The form may be hand-delivered, mailed or faxed to:

VCU Health System

Release of Information/ Cardone Record Services

P. O. Box 980679 Richmond, VA 23298

Phone: 804-828-4423 FAX: 804-828-5344

Service Desk: Main Hospital Lobby, Room 1-403A