

# PENN HIGHLANDS HEALTHCARE CLEARFIELD HOSPITAL

## **How to complete an authorization:**

1. Please check which hospital you are requesting or releasing records from.
2. Name – also list any alias or maiden names you may have used.
3. Birth Date
4. Address
5. Phone Number – list the number you can be reached if we have any questions.
6. Email Address – optional. By choosing the email option, the patient/requester understands that unencrypted email is not considered a confidential means of communication and there is a risk that a 3<sup>rd</sup> party may intercept or view the PHI. The patient/requestor is willing to accept the risk associated with this.
7. Provider/Requestor – check if you want your records released to or received from. Add the Name, address, phone number and fax number of who is to receive or release the records.
8. Information to be disclosed – list the dates of treatment or a time frame if an exact date is unknown and check what information you are requesting. If the records you are requesting are HIV/AIDS, Alcohol and/or drug abuse, or genetic related you must initial and date these areas for the records to be released.
9. Check mark the reason you would like the records released.
10. If you are having a second party pick-up your records, list the name and address of this person. (Photo ID and signature will be required by the person at the time of pick up)
11. If you are picking up your records, list the date you need them by. Example: An appointment date.
12. Patient signature and date is required. Proof of identification is also required when picking up records.
13. If the patient cannot sign, a legal representative with legal proof must sign the authorization.
14. If authorized by a legal representative or Administrator of an Estate, appropriate legal documents are required.

## **WHO CAN AUTHORIZE RELEASE OF PHI:**

### **If the patient is 18 years or older, the patient must sign the release unless:**

1. The patient is incompetent,
2. The patient is disabled and cannot sign the form,
3. The patient is deceased. The surviving spouse or legal representative with legal proof must sign the authorization for release of the deceased patient's records.

### **If the patient is 18 years or younger, the patient must sign the release if:**

1. The patient is 14 years or older and the records involve treatment for mental illness, alcohol or drug abuse/treatment, domestic/sexual assault, or AIDS testing.
2. The patient is considered a legally emancipated minor.

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## How to Review or Request a copy of your Medical Record:

Clearfield Hospital recognizes the patient's rights to confidentiality of protected health information as set forth in federal and Pennsylvania state law. Patients, or their personal representative, may inspect or obtain copies of their medical records or have copies sent to another medical facility by following these instructions:

- Clearfield Hospital requires an original, complete and properly executed Authorization for Use and Disclosure of Protected Health Information form before we may allow inspection or provide a copy of a patient's records to anyone, including the patient or his/her representative. Complete the Authorization for Use and Disclosure of Protected Health Information form in its entirety including dates of treatment for which you are requesting. The authorization is available in the Health Information Management (HIM) Department or online at [www.clearfieldhosp.org](http://www.clearfieldhosp.org)
- Provide a copy of photo ID such as valid driver's license, military ID or state-issued ID. If an individual, other than the requester, is inspecting or picking up the records then that individual will need an original signed authorization from the requester and a photo ID.
- If you are an authorized legal representative or Administrator of an Estate, you will need to bring with you the appropriate legal documents for the request to be processed.
- You will need to indicate the type of records you need and must specifically authorize release regarding AIDS/HIV, Alcohol/Drug Abuse, or Psychiatric Care.
- While many patients request their entire medical record, the summary information in documents such as Discharge Summaries, Operative Reports, and History & Physicals contain the information that most people are seeking.
- If you are requesting Radiology Images, they are not part of your medical record. Your official records contain the reports that interpret those images. Please contact the Imaging Department.
- Your medical records do not contain Billing Statements. Please contact the Business Office for this information.
- To review your medical records only, please call the Health Information Management Department to make an appointment.
- To obtain a copy of test results, procedures and/or notes that were done at another health care organization, please contact that facility.

Once the Authorization form has been completed, you have two options for submitting it to Medical Records:

### **Bring the form to Health Information Management Department or mail it to:**

Clearfield Hospital

Attn: Health Information Management Department

PO Box 992

Clearfield, PA 16830

Hours: Monday - Friday, 9:00 am - 6:00 pm, except Holidays

**Fees:** There are reproduction charges for creating a copy of your records to cover the cost of supplies, labor, and postage. However, there is no fee for records released directly to another medical facility or healthcare provider office.

When you come to the Health Information Management Department to inspect or pickup your request, please bring a photo ID.

Payments may be made with cash, personal check, money order, Visa or MasterCard. An invoice will be provided when the request is processed.

The fees shall apply for paper copies or reproductions on electronic media whether the records are stored on paper or in electronic format. In addition to the amounts listed previously, charges may also be assessed for the actual cost of postage, shipping and delivery of the requested records.