

PENN HIGHLANDS HEALTHCARE

How to complete an authorization:

1. Please check which hospital you are requesting or releasing records from.
2. Name – please also list any alias or maiden names you may have used.
3. Birth Date
4. Address
5. Phone Number – please 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 email is not considered a confidential means of communication and there is a risk that a 3rd party may intercept or view the PHI. The patient/requestor is willing to accept the risk associated with this.**
7. Provider/Requestor – Please 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 – Please 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 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 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. Photo ID will be required by the patient / person picking up records.
15. If authorized 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 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 with regard to medical information.