

Instructions for completing the Authorization to Release/Obtain/Exchange Patient Health Information form

Purpose: To request that Seattle Children's Hospital provides health information to a recipient outside of Children's, requests that outside information be sent to our organization, or to exchange verbal information about your child.

Instructions to Staff:

- This authorization form does not need to be completed when clinical or unit staff provides the information directly to the legal representative or current outside provider (If processing the request please complete the "Staff" section on the form before sending to HIM).
- For other recipients, or when clinic is not able to provide the information, send form to HIM at M/S S-216, but first:
 - o Check for form completion/legibility:
 - Patient Information
 - Recipient's name and complete address
 - Clear information about what is being requested to release (i.e. specific date ranges or record type)
 - Signature of patient/legal representative and contact information for the requestor
 - Minor's Signature (when required for specific consent-see additional information below)
- If requested, give parent/legal representative directions to HIM department for hand delivery of form.

Instructions for Patient/Legal Representative:

- **Completing the form:**
 - o Please make sure to complete all sections of this form, including:
 - Patient Information
 - Recipient Information
 - Specific information to be released (i.e. dates ranges, record type, etc.). If no date range is indicated, an abstract of records will be sent (most recent clinical documentation).
 - Signature of legal representative
 - Signature of patient (minor's signature is required to give specific consent-see additional information below)
- **Where to send the form:**
 - o If you complete this form at Children's, give to a clinic or inpatient unit staff member to send to the HIM Department
 - o If you are completing this form outside of Children's, you may mail or fax the form to Seattle Children's Health Information Management department (see address and fax number on front of form). You can also email the completed form to HealthInformationManagement@seattlechildrens.org
- **Record Pick-up:**
 - o If it was indicated on the authorization that the records will be picked up once copied, the Health Information Management department will contact you when the information that you requested is available.
 - o Please ensure that the person picking up records, is the same person that is listed on the authorization in the "Release" section.
 - o The person picking up records will need to bring proper photo identification.
- **Where to call with questions:**
 - o Health Information Management: 206-987-2173

Additional Information

CONSENT OF MINOR

A minor patient's signature is required in order to release the following information: 1) conditions related to reproductive care including, but not limited to, birth control, pregnancy-related services and sexually transmitted infections, including HIV/AIDS (age 14 and older) 2) drug and alcohol abuse diagnosis and treatment (age 13 and older) 3) mental health conditions (age 13 and older).

FEE FOR COPYING MEDICAL RECORDS

There may be a fee for copying medical records. For more information regarding our current fee schedule, please contact Health Information Management at the number listed above. If a fee does apply, you will be contacted to approve the fee before HIM completes your request.

PROHIBITION ON REDISCLOSURE OF HEALTH INFORMATION

- Federal and State laws prohibit redisclosure of information concerning sexually transmitted infections or mental health conditions without the specific written consent of the person to whom the information pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
- Drug and alcohol abuse and treatment records are protected by Federal Confidentiality rules (42 CFR Part 2). The federal rules prohibit the recipient of this information from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

FORMAT TO RECEIVE MEDICAL RECORDS

- **Compact Disc (CD):** Electronic records (with the exception of radiology images) will be password protected. To have the password emailed to you, please provide your email address on the authorization form. If no email address is provided, the password will be mailed separately to the postal address listed on the authorization form.
- **Secure Electronic Delivery:** You must provide an email address to receive medical records in this format. You will be notified via email when your records are ready for download. For further information, please go to <https://patientportal.iodincorporated.com/SeattleChildrensHospital>