



INSTRUCTIONS FOR COMPLETING THE HIPAA AUTHORIZATION FORM

- Complete the first line with the **patient's** information (Name, Date of Birth, and Phone #).
- Fill in the box with information about who will receive your records (i.e.; yourself, another provider, a school, an attorney, disability services, a family member, etc.).
 - We try to have all requests taken care of within 1-2 business days when the record is going to another **care provider**.
 - Check one of the delivery option boxes to designate how you would like the records sent (Postal mail, fax, or email).
- Initial each line next to the types of conditions you approve of sharing. If not initialed and diagnosed, we will not release your records.
- Specify which year(s), visit(s), or dates of treatment you would like to receive. If you do not know exact dates, you may write "all dates."
- The next section lists parts of the record you may request. Please check any that apply.
 - Note: *The **Discharge Summary** and **Psychiatric Evaluation** provide a comprehensive overview of your admission, treatment received, diagnosis given, and plans for care after discharge. Limiting your selection to these two items reduces waste and shortens the time required to process your request..*
- Check any lines that apply to the reason for which you are requesting records.
- Specify how long you want the authorization form to be valid.
- Be sure to sign and date the request form.

Due to federal HIPAA laws, it is increasingly important to complete patient release forms properly.
If you have questions, please call **Health Information Services** (Medical Records) at **719-633-4114**.

FYI's:

- If the information is going to **yourself** or a **family member** (legal guardian, mom, dad, etc.), the HIPAA form entirely filled out.
- Because of federal law, several things must be in place before we can release a record directly to you. They are as follows:

The physician is required to review the chart prior to copying to determine if it would be in the best interest of the patient, family members, or others involved in their care to receive a copy of the chart. By law, Physicians can refuse to allow a patient access to their chart if he/she feels it could be detrimental. Because the chart must first be reviewed by the attending physician, this takes more time, and therefore, **requests for the patient to receive a copy may take up to 10-18 business days**
- **Include a copy of your photo I.D. if requesting by mail, and a copy of any legal documentation that supports your right to have copies if you are not the patient.**
- If you are picking up your records, you must have a **photo ID**.