



AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Please Print Clearly

M# _____

Patient's Name:

First Middle (if any) Last

Date of Birth: _____

Home Address:

Telephone: _____

The undersigned hereby requests and authorizes the release of records from the following Martin Health System

locations: _____ LIST PHYSICIAN/OFFICE & ADDRESS OR HOSPITAL LOCATION (s) AS APPLICABLE

To: [RECIPIENT OF YOUR RECORDS] Full Name Mailing address [MUST BE COMPLETED] City State Zip Code

- Please check the box next to each type of records you would like to be disclosed (Include visit dates on line provided for each)
Most recent History & Physical or specific date(s):
Most recent Discharge Summary or specific date(s):
Most Recent Lab Result or specific date(s):
Pathology Report, specify date(s): Slides:
Radiology & other diagnostic reports/testing results, specify date(s): Films:
Entire Record, specify date(s):
Abstract*, specify date(s):
[*a summary of your visit that contains pertinent information about your treatment such as discharge summary, history and physical, consultations, operative reports, lab results, diagnostic results and reports.]
Physician Office Notes, specify date(s):
Billing, specify date(s):
Other, specify visit type and date(s):

- Certain confidential information may be in your records. Please check below to specifically authorize disclosure of:
HIV/AIDS Test Results/Record notations
STD Records (Sexually Transmitted Diseases)
Mental Health Treatment Records (excluding Psychotherapy Notes - separate authorization form required for release)
Drug & Alcohol Treatment Records
Genetic Testing

PURPOSE(s) of request [MUST BE COMPLETED]: _____

Records will be released on paper. For records on CD, check here []

Pursuant to Florida law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, the record may be given only to the person designated, and it may be used only for the purpose listed on this form. Charges are in compliance with Florida law. I understand that once my information is disclosed to the recipient above, it may be re-disclosed to individuals not subject to HIPAA and may no longer be protected by HIPAA. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. I understand that I may revoke this authorization at any time, in writing, to the address listed below, ATTN: Health Information Management Department, provided that the information has not yet been released.

This authorization expires in six (6) months unless another date is written here: _____

Patient or Authorized Signature: _____ Date: _____

Relationship to Patient: _____ Witness: _____ Date: _____ Explain and/or attach Legal Documentation

Frequently Asked Questions

- 1. How do I request my medical records?** You can manually fax (unable to receive electronic faxes) your request for hospital records to 772-345-5364 or for office records to 772-781-2790, or you can mail your request **Attn: Health Information Management** to the Post Office Box located at the bottom of this form.
- 2. Can I receive records via fax or Email?** No. Due to HIPAA rules and regulations, we only fax patient medical records to other medical facilities for immediate patient care.
- 3. Who can I call regarding my records? Billing/Radiology/etc.?** (772) 287-5200; select prompt 4 for “Other departments,” then follow prompts.
- 4. What are the business hours for Release of Information (ROI)?** Monday – Friday 8:00 a.m. to 4:00 p.m.
- 5. Is there a charge for copies of medical records?** Yes, per Federal and State Regulations, we are authorized to charge up to \$1.00 per page for copies of medical records. There is no charge for medical records if they are provided directly to your physician.
- 6. Once I request my medical records, how will I receive them?** For hospital, outpatient, and office records requests, an invoice will be mailed to you and upon receipt of payment, records will be mailed.
- 7. How do I get a status check on my request for records?** Records are billed and shipped from ShareCare. ShareCare can be contacted at 800-560-3800 for a status check.
- 8. Who can pick up my records?** Only you can pick up your records unless you authorize pick up by another person on the signed and dated authorization form. Appropriate ID must be shown before medical records can be released.
- 9. Who can request my records? Only you or the person/entity authorized by you to obtain records may request records?** A Guardian, Healthcare Surrogate/Proxy or Power of Attorney (POA must specifically authorize the POA to request/obtain medical records) may request copies of your medical records. A copy of the corresponding documentation and appropriate identification must be presented before records will be released.
- 10. Can I request records on a deceased person?** Records on deceased patients can be requested by the appointed Personal Representative (executor) of the deceased’s estate, next of kin (surviving spouse, adult children, parents, or siblings). Proper documentation and identification must be provided. This may include court documentation, death certificate, and documentation providing relationship, i.e. an adult child requesting their deceased parents records must provide proof there is no surviving spouse and a birth certificate identifying patient as their parent.
- 11. How do I request someone else’s records?** Only under certain circumstances can you request and receive someone else’s records. You must be the parent of the minor child (under 18) who is not emancipated; or have Guardianship, Power of Attorney or Health Care Surrogate/Proxy for the patient you are requesting; or provide a court order allowing you to obtain records. Documentation must be provided.
- 12. What is an Abstract?** An abstract is a summary of your visit that contains the pertinent information about your treatment such as discharge summary, history and physical, consultations, operative reports, lab results, diagnostic results and reports.