



## Process for completing the Baptist Health Authorization for Release of Health Information Form (#6001)

**Delivery Method:** Email, Mail or Pick-Up

Check one; do not specify a pick-up date (you will be called when the records are ready to be picked-up).

**Format Requested:** Paper or Electronic

If left blank, records will be released on paper. Availability of electronic format depends on date facility started storing electronic data.

### Section 1:

Check off the hospital that the records are being requested from. We must have complete patient information to be able to accurately process your request. A separate authorization must be filled out for each hospital that records are being requested from.

### Section 2:

Check SELF if you are requesting records for your self or enter recipient information (where you would like the records sent). Please keep in mind that we need a complete mailing address. Please provide best available phone number during normal business hours (8:30 am-4:30 pm) for any questions or follow-up.

### Section 3:

Check the specific portion of the records you would like released.

Dictations/Tests Results: includes all test results and physician's dictated reports.

- If records contain HIV testing the patient must initial the appropriate area.
- If Addiction Treatment and Recovery Center at South Miami Hospital records are being requested, the patient must initial the appropriate area.
- Imaging films (i.e. actual images) must be requested from the Imaging Services Department (Radiology), pathology slides must be requested from Pathology Department, Cath Lab cine/CD must requested from the Cath Lab and Itemized bills, UB42 and/or HCFA1500 forms must be requested from Patient Financial Services.

### Section 4:

Enter the date(s) of treatment(s), service(s) or date range being requested.

### Section 5:

Check the reason you are requesting your health information.

- Continuation of Care (if the records are needed for a visit with a physician or for follow-up medical care).
- Other (if the records are needed for personal reasons, please describe).

### Section 6:

Follow steps if you would like to revoke (cancel) the Authorization for release of records.

### Section 7:

Leave blank as Authorization automatically expires one year from the date signed. If expiration of authorization is desired sooner than one year, enter expiration date; please allow sufficient processing time.

### Section 8:

Sign and date form, if the patient is unable to sign please check the box that best describes the reason for this. If additional documentation is needed please attach.

### Fees:

Medical records will be charged in accordance with applicable State and Federal regulations.