

- ☐ Community Memorial Hospital
- ☐ Tappahannock Hospital ☐ CHoR Brook Road Pavilion

Authorization to Release or Obtain Confidential Health Care Information

	(check all that apply)			information											
	hereby authorize VCU Health System to release/obtain the health ormation indicated below contained in my patient records to/from the recipient named below. Inderstand and acknowledge that this may include information about physical and mental illness, alcohol/drug abuse, genetics and/or														
	AIDS test results or diagnoses.	abou	it priyo	Jai ain	u 1110	illai		aicoi	ioi/arag	, abu	so, go	Jilotto	o ana	Oi	
all o	authorization does not include permission to release Addiction function which require a separate authorization. Psychotherapy Notes arate from the rest of the medical record.														
Inf	ormation Requested for:		Inforn	nation	to b	ре 🗆	Relea	sed	To : 0	r 🗆	Obta	ained	l From	1:	
Pat	ient's Full Name		Name	of pers	on, p	rovid	er, instit	tutior	n, attorr	ney, s	chool	, etc.			
Add	dress		Addres	S											
City, State, Zip Code				tate, Zi	р Со	de									
Dat	te of Birth Phone (Home or Cell)		Phone						Fax	(
Info	ormation to be ☐ Released or ☐ Obtained														
□ Discharge Summaries □ History and Physical □ Emergency Records □ Operative Reports □ Inpatient Notes □ Abstract *(see page 2) □ Discharge Summaries □ Radiology Images □ Radiology Reports □ Cher: □ Abstract *(see page 2)															
Re	cords to be Delivered By: (electronic delivery unless otherwise	spec	cified)												
	Email to address: Mail on a CD (default for mailing) □ Mail paper copies to address:			ve 🗆	Tol	oe <u>pi</u>	cked u	<u></u> by						_	
pos reve Int reg	inderstand that I have the right to revoke this authorization. My resession of my records. I understand that any action already ocation will not affect those actions. A copy of my revocation she formation disclosed by this authorization may be re-disclosed bulations. The provider/facility will not condition treatment on whe ach request will require a separate authorization.	take all b by th	en in re e main ne recip	liance tained. pient ar	on to	his a	uthoriza no long	tion	cannot	be re	evers	ed, a	nd my		
Att	ention: This is a legal document. Please read carefully. By sign	ing,	you ag	ree tha	ıt you	unde	erstand	and	accept	these	term	S.			
	If the patient is 18 years of age or older, the patient mu		•												
	If the patient is 18 years of age or older and lacks the cate the form. Indicate legal authority and include document Indicate relationship: Legal Guardian Health Care I	enta	ition of	your	relat	ionsh	nip.			<u>tute</u> n	nay s	sign a	and		
	If the patient is 17 years of age or younger, the patient an exception* exists under State or Federal law. (*see page 2	<u>t's p</u> 2 for e	arent exception	or lega s)	al gu	ardia		sigi	n and o	date t	the fo	orm, ı	unless		
Sian	ature (required) Printed Nam								Date S	igned	(requi	ired)			

This form may be used to obtain or request information from another facility for continuity of care and does not require patient authorization.



Understanding Your Rights Pertaining to Your Records (For Use and Disclosure)

Facts About Obtaining Your Medical Records

- You have the right of access to inspect and obtain a copy of your confidential health care information.
- If you would like to access your medical records online, you may go to <u>MyChart.VCUHealth.org</u> to sign up
- The law requires a signed authorization form which contains the criteria included on this form.
- The form must be fully completed before any medical information can be released.
- When records are requested from another facility for continuity of the care, the patient's authorization is NOT required.

* What is an ABSTRACT?

- An abstract includes information about you such as your Allergies, Procedures, Problem List, Home Meds, Immunization Record, and Social History, as well as all Doctor's Notes, Lab and Pathology results, X-ray reports, and other diagnostic test results that occurred during the visit.
- Documents NOT included in the abstract include notes by Nursing and other Allied Health providers, Medication and IV Administration Records, or Flowsheet Information such as Vital Signs, Measurements and Activities of Daily Care.

* Exceptions for patients under the age of 18

VCU Health System follows Virginia State Statute § 54.1-2969(E) with regard to a minor's access to information about care received for the conditions listed below:

- Sexually transmitted diseases
- Birth control, pregnancy or family planning
- Outpatient care for substance abuse
- Outpatient care for mental illness

Costs: VCU Health System follows Virginia State Statute § 8.01-413.

When and How Will I Get My Records?

- Your request will be completed within 10 days of receipt and will be available via a secure e-mail.
- You will be notified when your records are ready, or if the records cannot be processed within this timeframe.
- If you would like to pick up your records, or have the records mailed to the address listed on the authorization form, please indicate your choice on the form.
- Records will only be faxed for continuity of care purposes.
- Individuals picking up records must present valid government issued I.D.

How Do I Release My Medical Records?

Complete this Authorization to Release Confidential Health Care Information form in its entirety. The form may be hand-delivered, mailed or faxed to:

VCU Health System
Release of Information/ CIOX

P. O. Box 980679 Richmond, VA 23298 Phone: 804-828-4423 FAX: 804-828-5344

Service Desk: Main Hospital Lobby, Room 1-403A