

# Patient Release of Information

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RC0200

(identification)

Patient Name	Birth Date	Last 4 Digits of Social Security Number
Address		Telephone No. ( )

### Type of Access Requested:

- Paper Copies
- Inspection of the record
- Ballad Health electronic thumb/jump drive or CD
- Secure Message
- Unencrypted email \*the use of unencrypted email is not secure. Your medical information may be viewed by an unauthorized person as it is transmitted over the Internet. Please initial here if you accept this risk \_\_\_\_\_ (patient initials).
- Radiology Images on disk
- Other (please specify) \_\_\_\_\_

### Method of Delivery:

- Pick up
- Email To: \_\_\_\_\_
- Mailing Name of Recipient if other than the patient \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Pick up by Conservator: \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

### Description of Requested Information:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Physician/Clinic office record | <input type="checkbox"/> Consult             | <input type="checkbox"/> Pathology                 |
| <input type="checkbox"/> Abstract                       | <input type="checkbox"/> Operative Report    | <input type="checkbox"/> Nursing Notes             |
| <input type="checkbox"/> Emergency Room                 | <input type="checkbox"/> Lab                 | <input type="checkbox"/> MD Progress notes/ Orders |
| <input type="checkbox"/> Discharge Summary              | <input type="checkbox"/> Radiology           | <input type="checkbox"/> Entire Record             |
| <input type="checkbox"/> History and Physical           | <input type="checkbox"/> Cardiac Studies/EKG | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Billing Information            |  |  |

Treatment Dates: \_\_\_\_\_

Total cost of records \$ \_\_\_\_\_

### Patient Portal:

Please note the following information is available through each portal.

- OWL portal: History and Physical, Discharge Summary, Consultation, Operative Report, Laboratory with the exception of sensitive information such as HIV results, cancer diagnosis, drug panels etc., Radiology, Continuity of Care Document, ER notifications, Admit and Discharge Notifications, Patient Education.
- UCMH portal: Visits, Allergies, Medications, Conditions, Results, Vitals, Immunizations, Procedures, Insurance, Social History, Family History, Advanced Directives, Instructions, Referral Reason, Plan of Care, Demographic Info, Functional Status.
- FollowMyHealth: Laboratory, Radiology, Clinical summaries.

For information on how to obtain portal accounts call 1-844-695-6742 or go online to [www.balladhealth.org](http://www.balladhealth.org).

Time	Date	Signature of Patient/Parent/Conservator/Guardian	Relationship to Patient
Time	Date	Signature of Conservator (If Applicable)	
Time	Date	Team member processing request	

- Verbal request received and identity verification completed per policy.
- Copy of Patient Release of Information form given to the patient.
- Copy of the Patient Release of Information form refused by the patient.