

# INFORMATIONAL GUIDE for Completing the Authorization for Release of Protected Health Information Form

## Patient Information:

- Full Name at Time of Visit
- Birth Date
- Last 4 digits of Social Security Number
- Email Address
- Mailing Address

## Recipient Information:

For Physician Office/Medical Facility:

- Facility Name
- Address
- Phone and Fax Number
- Email Address

For Personal Use:

- Recipient Name
- Address
- Phone Number

## 1. Service Type and Date

### Range:

Select type(s) of records to be released **and** dates of service\*.

### Types of Services

**Inpatient:** Admitted for treatment or surgery with overnight stay in hospital. e.g. Intensive Care, Cardiology, Labor & Delivery.

**Same Day Surgery:** Treated and discharged same day. e.g. Orthopaedic procedures, hernia repairs.

**Emergency Dept:** Treatment in Emergency Department.

**Outpatient Testing:** Not admitted to hospital. e.g. Lab tests, X-rays, EKGs.

**Office:** Physician office or clinic.

\*If patient dates of service are unknown, approximate by month and/or year.

The form is titled "UPMC LIFE CHANGING MEDICINE For UPMC / Highmark Transition of Care Only Authorization for Release of Protected Health Information". It contains several sections:
 

- Authorization:** A line for "Name of Physician Office or Clinic" and a line for "and/or the following UPMC hospital(s):". Below are checkboxes for East, Magee-Womens, McKeesport, Mercy, Passavant (Cranberry), Passavant (McCandless), Presbyterian/Montefiore, Shadyside, St. Margaret, and South Side.
- Release Information:** A line for "to release information from the record of:" followed by fields for Patient Name, Birth Date, Last 4 digits of SSN, and Patient's Email Address. Below are fields for Street Address, City, State, and Zip Code.
- Recipient Information:** A line for "as described below to:" followed by fields for Facility/Person to Receive Records, Phone, Fax, and Facility's Email Address. Below are fields for Street Address, City, State, and Zip Code.
- Secure Email:** A section "Send records via secured email to:" with checkboxes for "Self and Physician", "Physician only", and "Self only".
- Purpose:** A section "Records are requested for the purpose of:" with a checked box for "Transfer of Care".
- Parts 1 and 2:** Two sections for identifying records to be released. Part 1 includes checkboxes for Inpatient, Same Day Services, Office, Emergency Dept, and Outpatient Testing. Part 2 includes checkboxes for various report types like Consultation Reports, Discharge Summary, Laboratory Reports, Nurses Notes, Emergency Department Report, History & Physical Exam, Medication Administration Records, Operative Report, Pathology Report, EKG Report(s), Physician Orders, Physician Progress Notes, Psychiatric/Psychological Evaluation, Radiology Report, and Rehabilitation Records.
- Exclusions:** A section "HIV and Mental Health information contained in the parts of the records indicated above will be released through this authorization unless otherwise indicated." with checkboxes for "Do not release: Drug/Alcohol, HIV, Mental Health (Psychiatric)".
- Signature and Date:** Fields for "Date of Signature" and "Signature of Patient" (with a note about age and authorization), and "Date of Signature" and "Signature of Authorized Representative" (with a note about appropriate paperwork). Below are checkboxes for "Parent or Legal Guardian" and "Power of Attorney".
- Witnesses:** Fields for "Date" and "Witness #1" and "Date" and "Witness #2".
- Notes:** A note about oral authorization for physically unable to sign, and a note that a photostatic copy is considered valid.

## Authorize Office or Hospital(s):

Name the office or select UPMC hospital(s) where patient was seen.

## Send Records via Secured Email:

Select the intended recipient of the records, which will be sent secured to the email address provided above.

## Purpose for Release:

Please note that this release is to be used only for transfer of care.

## 2. Documents to Be Released:

Check specific report(s)/ records to be released that correspond with dates of service.

## Date, Signature and Additional Documentation:

The patient or patient representative must sign **and** date the authorization.

If signed by a patient representative, a description of the authority to act for the individual is required. The authorized representative should choose one of the boxes above and provide appropriate documentation.

## For Assistance with Completing the Form:

Please contact UPMC's release of information team at 412-864-0854

## To Check on the Status of Your Request:

Please contact HealthPort's Customer Service Department at 866-425-0174