



AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Please Print Clearly

MR# _____

Patient's Name: _____ Date of Birth: _____
First Middle (if any) Last

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:	RECORDS DEPOSITION SERVICE, INC.	PO BOX 5054
Recipient of your Records	Full Name	Mailing address
SOUTHFIELD	MI	48086-5054
City	State	Zip Code
248-357-3330	248-357-3337	REQUESTS@RECDEP.COM
Telephone Number	Fax Number	E-Mail Address

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): PLEASE SEE ATTACHED SUBPOENA OR LETTER REQUEST

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]: DISCOVERY BEFORE TRIAL

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 mail your request **Attn: Health Information Management** to the Post Office Box located at the bottom of this form, or you can request your records in person at the following Medical Records Locations:

Martin Medical Center
200 SE Hospital Avenue
Stuart FL 34994

Tradition Medical Center
Mann One Building, Suite 202B
10050 SW Innovation Way
Port St. Lucie, FL 34987

2. **Can I receive my 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 and outpatient records requests, we can mail them to you or you can arrange to pick them up at either Medical Center listed above during business hours. For physician office records, an invoice will be mailed to you and upon receipt of payment, records will be mailed.
7. **If I come to the ROI (Release of Information) window, can I receive copies of my records while I wait?** If you are requesting records for one particular visit, they can be provided while you wait. Multiple visits or requests for copies of entire charts may take up to 30 days to process. An invoice will be mailed to you and upon receipt of payment records will be mailed.
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.