<b></b>			For Clinic Use Only:	
			Records sent from Clinic – please send	
AUTHORIZATION			form to Central Imaging	
TO RELE	EASE COPIES	S OF A MEDICAL	Date Received:	
	RECO	RD	Date Processed:	
(Pat	tient Requests Information To		Processed By:	
		<u> </u>	<b>Forwarding Request to ROI for processing</b>	
Please complete this	s form in its entire	ty so we can help you receive t	he information you are requesting.	
		and that Michigan Medicine will neers. Please see the second page for ou	ot base treatment, payment, enrollment, or ir fee schedule.	
• •			Date of Birth:	
			MRN (optional):	
			Telephone #:	
Email Address:			1 <u> </u>	
		ease my protected health information to org Patient Portal <b>Electronic (email w</b>		
3. X Other: I am the patie	ent, or the legally author		above and request Michigan Medicine to	
	_		n: RECORDS DEPOSITION SERVICE	
Street Address:	PO BOX 5054			
		<b>3086-5054</b> Te	ephone # <b>248-357-3330</b>	
• •	hod: 🗌 Fax #(only hea	alth providers / urgent):	-	
🗌 US Mail	Certified Overnigh	t Delivery (extra charge) 🛛 E-mail	RDSMICHIGAN@GMAIL.COM	
4. Purpose of release/discl	losure to other person	/organization:		
Reason for Disclosure		Recommended Record Set (as descri	<u>bed in Section 5)</u>	
Continuation of Car	re/Transfer of Care	Package 1		
X Attorney/Legal		Package 2 for a selected date range Package 1 for a selected date range		
Workman's Compe		Package 1 from date of incident		
Patient Directive	iisuton	As directed by Patient		
Other (specify):				
<ul> <li>5. Record set to be released to the party indicated above: Use form 70-10232 for release of alcohol / substance use disorder info. I request the following information be released, which may include: alcohol and drug abuse/treatment; psychological and social work counseling; HIV, AIDS or ARC; communicable disease or infections, including sexually transmitted diseases, venereal disease, tuberculosis and hepatitis; genetic information and demographic information, for the purposes and conditions designated on this form.</li> <li>Package selections (as recommended in Section 4, more may be specified below):</li> <li>Package 1: Key Clinical Written Documentation (includes, as applicable, history &amp; physical, discharge summary, operative reports, consults, outpatient visit notes, test reports, ER clinician notes) related to a specific incident, injury or illness from(mm/dd/yyyy) to(mm/dd/yyyy). If no dates listed, for the past 24 months.</li> </ul>				
**Package 1 contents	along with <u>all</u> nursing	notes, flow sheets, medication administ	ration records, physician orders, etc.).	
Other Records (Please	<i>specify</i> ):			
Only Specific Provide	97S:			
Please contact the individual departments below to request their records (as applicable):				
*Billing Records – Call (855) 855-0863				
*Radiology Films Images: Call (734) 936-4517 Additional Charges May Apply				
*Pathology Slides: Call (8				
			Page 1 of 2	

70-10015

## AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD

(Patient Requests Information To Be Sent From UMHS)

For Clinic Use Only:				
Records sent from Clinic – please send				
form to Central Imaging				
☐ Mailed ☐ Picked U	p Faxed			
Date Received:				
Date Processed:				
Processed By:				
Forwarding Request to ROI	for processing			

(specify expiration date or event).

# 6. This authorization expires on: \_\_\_\_\_\_ (A text of the expiration date is left blank, the authorization expires 60 days from the signature date.

- 7. **Revoking (cancelling) authorization:** I may revoke (cancel) this authorization at any time. Revocations (cancellations) must be made in writing and sent to the Michigan Medicine Revenue Cycle Mid Service (HIM) Release of Information Unit at the address listed on this form. Revocations (cancellations) will not apply to information that already has been released. If this authorization was obtained as a condition of providing insurance coverage, the authorization will not apply to my insurance company to the extent the law provides my insurer with the right to contest a claim under the policy, or the policy itself.
- 8. Note: Once information has been disclosed, Michigan Medicine can no longer protect it from further disclosure.

9. Payment: There will be fees associated with most record requests as outlined below. 🛛 Check if Fee Approval Required

Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign)

DATE (mm/dd/yyyy)

 Printed Name of Legally Authorized Representative (if patient is a minor or unable to sign)

 Relationship to Patient:
 Spouse
 Parent
 Next-of-Kin
 Legal Guardian
 DPOA for Healthcare (attach copy)

### **Additional Information Regarding Your Request**

#### **REQUESTING MEDICAL RECORDS ON BEHALF OF ANOTHER PERSON**

If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request the record set. Examples of these documents include Letters of Representation, Guardianship Papers, Affidavits of Heir at Law, etc. Please contact the Release of Information Unit at (734) 936-5490 to determine the documentation that will be required to process your request.

### **<u>SUBMITTING REQUESTS & RECEIVING RECORD COPIES</u> - Requests for medical records may be:**

- Mailed to Revenue Cycle Mid Service (HIM), Release of Information Unit at 3621 S. State Street 700 KMS Place, Bay 11 - Mid Service Ann Arbor, MI 48108-1633
- Faxed to Revenue Cycle Mid Service (HIM), Release of Information Unit at (734) 936-8571

**Our average turnaround time for processing requests is five business days plus shipping time.** Unless otherwise requested, records will be sent through US Mail. Records needed for medical emergencies will be faxed directly to a physician or medical facility. Please include your phone number on your request, in case we need to contact you for additional information. For questions regarding requests for medical record copies, please contact: Revenue Cycle Mid Service (HIM) – Release of Information Unit at (734) 936-5490.

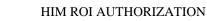
**FEES** are authorized and updated annually by the State of Michigan Medical Records Access Act, P.A. 47 of 2004, MCL 333.26269. Additional fee guidance is provided under federal regulations. Some records requested for legal, insurance, or personal use may require a prepayment. If your request requires pre-payment, a fee notice will be sent to you upon receipt of your request. Actual postage and Michigan State tax will be added to the fees outlined below. The current Fee Schedule can be found at https://www.uofmhealth.org/patient-visitor-guide/medical-records. Records fees will be billed as follows as of April 2018:

#### **Patients:**

- -MyUofMHealth Patient Portal No fee
- -Electronic Records Electronic Delivery See Fee Schedule
- -Electronic records to Paper Mailed See Fee Schedule
- Paper Records Electronic Delivery See Fee Schedule
- Paper Records to Paper Mailed See Fee Schedule

Attorneys, Insurance Companies and Third Parties: -Intial Fee as permitted by State Law – See Fee Schedule -Per Page Fees – See Fee Schedule

- -Actual Postage Fees as Applicable
- -Patient Directives See Fee Schedule



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