

# Process for completing the Baptist Health Authorization for Release of Health Information Form (#6001)

## Method of Delivery: Mail or Pick-Up

Mark mail or pick-up, do not put a pick-up date (you will be called when the records are ready to be picked-up).

## Section 1:

Please check off the hospital that the records are being requested from. We must have complete patient information to be able to accurately process your request. A separate authorization must be filled out for each hospital that records are being requested from.

## Section 2:

Enter recipient information (where you would like the records sent). If the recipient is the patient you can write "Self" in the space provided. Please keep in mind that we need a complete mailing address. Please provide best available number during normal business hours 8:30-5:00 for any questions or follow-up.

## Section 3:

Mark the specific portion of the records you need released

Pertinent Information includes all test's results and physician's dictated reports.

- If Mental Health records are needed the patient must initial the appropriate area (far right hand column) only; see note at bottom of Section 3
- If records contain substance abuse, HIV/AIDS and or testing for HIV the patient must initial the appropriate area (far right hand column)
- Imaging films (i.e. actual films) must be requested from the Imaging Services Department (Radiology); pathology slides must be requested from Pathology Department , Cath Lab cine/CD must requested from the Cath Lab: itemized bill must be requested from Patient Financial Services.

## Section 4:

Enter the date(s) of service(s) or date range that is are being requested.

## Section 5:

Check the reason you are requesting your health information.

- Sharing with other health care providers as needed (if the records are needed for a visit with a physician or for follow-up medical care).
- Request of the individual (if the records are needed for personal reasons).
- Other (describe).

## Section 6:

Please follow these steps if you would like to revoke (cancel) this Authorization for records.

## Section 7:

Self explanatory

## Section 8:

Sign and date form, if the patient is unable to sign please check appropriate reason. If additional documentation is needed please attach.

\*Fees if applicable please initial for charges.