

Authorization Instructions: Release of Health Records

Please note: We will return your authorization form to you if you have not completed all required parts.

Step 1: Complete the Following Parts on the Authorization Form

Part 1: Fill out this part completely.

Part 2: Check all the boxes corresponding to the records you would like. If you do not know the exact date(s) of the records you are requesting, provide your best estimate.

Part 3: Fill out this part completely. Please include a daytime telephone number and a return address at which you can be reached, as we may need to contact you to properly process your authorization form.

Part 4: If you are the patient requesting your own records and are 12 years of age or older, you must sign and date this part.

Please Note: Parents/guardians, if your child is over 12 years of age, your child MUST sign the authorization form to obtain their records.

Part 5: If the patient is a child under 12 years of age or otherwise unable to consent (e.g., mentally incompetent, deceased), you must complete this section in full, including the reason for your request. If you require more space, please attach an additional sheet of paper to your authorization form. Please include any documentation supporting your request.

1. If your child is under the age of 12 years, you may be asked to provide supporting documentation proving you are a guardian. Acceptable supporting documentation would include, but is not limited to, a letter from a lawyer, school teacher, or a doctor stating that they have knowledge that you are a guardian.

Please note that Section 40 of the Family Law Act states that a child's guardian may exercise all guardian responsibilities as long as they do so in consultation with the child's other guardian(s), unless consultation would be unreasonable or inappropriate in the circumstances.

Please Note: If you are requesting the records of a deceased patient, you MUST ensure that your authorization form also includes the following:

2. A copy of the deceased patient's will, letters probate, or letters of administration naming you (or the requestor) as the deceased patient's representative.

3. If no personal representative is named, you may act on the deceased's behalf if you are the nearest relative of the deceased patient. Those who may act for the deceased patient have priority in the following order: spouse, child of mature age (12 years of age or older), parent, sibling, and lastly, any other next of kin who have reached the age of majority.
4. Health care records are an individual's personal records, and considered private. Upon death, a person does not lose their legal right to privacy. We are required by law to obtain a comprehensive explanation for the reason you are seeking the deceased patient's records, including an explanation of how you are acting in the deceased patient's best interests.
5. If you are the personal representative or nearest relative of the deceased patient you must print your full name, sign and date this part.

Step 2: Mail or fax your completed authorization form to each hospital/facility you are requesting your records from. Refer to the Contact Information document for addresses and fax numbers.

(Important Note: Please do not send duplicate requests, as this will only delay your authorization.)

Have questions or need help? Call the Release of Information Office at the hospital/facility you are requesting records from. Refer to the Contact Information document for phone numbers.