



## INSTRUCTIONS FOR THE RELEASE OF RECORDS

### **I. APPLICANT SECTION**

- A. Client Name.** Clearly write the name of the client who is the subject of the records to be released.
- B. DOB and SSN.** SSN is optional if name and DOB are sufficient to locate PHI.
- C. Address.** Client's current address/phone number. If more space is needed use top of the page.
- D. Release from.** Name of the provider who currently holds the Client's records.
- E. Release to.** Name of the provider or individual who is authorized to receive the records.
- F. Purpose.** Check appropriate box. Specify reason if check "Other".
- G. PHI to be Released.** List the information, or types of information to be released.
- H. Timeframe.** Note the time frame this authorization covers. (Example: all records created from July 1, 1998 through May 12, 2004, or from the onset of my pregnancy through delivery).
- I. Read and Initial Each Statement.** Applicant must initial each statement. Initialing each statement only means that the applicant was informed of each factor. If the applicant refuses to initial each item, ask if there are any questions about the form.
- J. Statements to be initialed.** The authorization cannot be acted upon until it is complete.
1. I may revoke this authorization. The applicant may change his/her mind and withdraw approval. Disclosures made before revocation will remain unaffected.
  2. Health care and payment will not be affected. Failure, or refusal to sign this form will have no impact on how the client is treated, or on how that client's care is paid for. However, if the applicant refuses to sign the authorization, no records can be released.
  3. This Authorization will expire. The client must note when this authorization will expire. This can be a specific date such as 9/3/05, or an event, such as the "birth of my baby".
  4. There may be a charge. SLVHD is required to charge for copies made of records. Payment is usually required prior to any release of records. As a reciprocal courtesy, SLVHD does not charge for copies made for, and sent to other Medical Providers.
  5. I will receive a copy of this form. The applicant is to be given a copy.
- K. Signature of the Client (or Personal Representative).** Applicant must sign and date the request in the presence of an authorized SLVHD employee who has verified client identity and authority to approve this release. If an authorized SLVHD employee does not witness the signature, it must be properly notarized.
- L. Date.** The date the authorization was signed.
- M. Signature of a Notary.** Only required when the applicant cannot appear in person.
- N. Relationship to Client.** When a Personal Representative signs the authorization, the relationship should be noted. If the client signs the authorization, applicant should note "self".
- O. Receipt of the PHI.** Applicants for PHI must indicate how they prefer to receive the data. When fees will be incurred, encourage the applicant to pick up their data and pay for it at that time. In the event the applicant cannot appear, arrangements for payment should be made in advance. The applicant must also pay for all requests sent via certified mail. Do not bill a client who will pick up their records in person, payment must be made at that time.

### **II. OFFICE USE ONLY SECTION**

- A. Client Id Verified by.** Initials of employee who verified the applicants identity
- B. Form of Id.** Type of verification offered to prove identity (Drivers License, State Id)
- C. Client Id/Chart #.** Unique identification number assigned to the client.
- D. Date Request Received.** NOTE: The request must be completed within 30 days of this date, unless other arrangements have been made.
- E. Date Processed.** Date this request was completed.
- F. If GRAMA Release.** This form may be used for GRAMA requests, **if** the request was signed within 90 days of the date it was received. If more than 90 days have elapsed, deny the request.
- G. Employee Releasing Data.** Legibly written name of the employee releasing the data.
- H. DISTRIBUTION OF COPIES:** White: Office. Yellow: Client.

**SLVHD PRIVACY OFFICER**

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