

Authorization to Disclose Health Information

Required: Release records from: **TGH Urgent Care**

Patient Name _____
Last First Middle Initial

Street Address _____ Apt _____

City _____ State _____ Zip _____ Birth date _____ Age _____

Home Phone _____ Work Phone _____ SSN _____

Email address: _____

The undersigned hereby authorizes and requests TGH Urgent Care to provide to:

 Identity of Third Party or Authorized Representative / Name of Health Care Facility

Street Address _____ Suite/Floor _____

City _____ State _____ Zip _____ Phone _____

Per Federal and State regulations, hospitals are authorized to charge up to a \$1.00 per page for copies of medical records.

Check the box next to each type of information to be disclosed (include dates where indicated):

- Most recent history and physical or specific date(s): _____
- Most recent discharge summary or specific date(s): _____
- Laboratory results, specify types or dates: _____
- Other diagnostic testing results, specify types or dates: _____
- Entire record, specify date: _____
- Abstract, specify date (includes only pertinent treatment information): _____
- Other, specify: _____
- Including HIV/AIDS testing, results, and/or treatment records; Mental Health treatment records (excluding psychotherapy notes); alcohol and/or drug abuse treatment records

I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department or mail to the above address. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about the disclosure of health information, I can contact the Director of the Health Information Management Department at (813) 844-7525.

Unless otherwise revoked, this authorization will expire on the following date, event or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in 90 days.

Signature of Patient or Legal Representative

Signature of Witness

If signed by Legal Representative, Relationship to Patient



Frequently Asked Questions

1. How do I request my medical records?

You can mail, fax, request through MyChart, or appear in person to request your records. See below.

2. Can I fax my request?

Yes. To expedite the process, and to make it easier for our patients to request copies of their medical records, we have set up a dedicated fax line for our patients to submit their requests. The fax number is (813) 844-1135.

3. Once I request my medical records, how will I receive them?

We can mail paper copies or electronic copies on CD to you, deliver them electronically via email or to your MyChart account, or you can arrange to pick them up. Please specify when requesting.

4. Can I receive my records via fax?

No. Due to HIPAA rules and regulations, and to ensure every patient's right to privacy, we only fax patient medical records to other medical facilities for immediate patient care.

5. Can I receive my records via email?

Yes. There is a risk associated with transmitting protected health information through unencrypted email possibly resulting in unauthorized third parties intercepting the email.

6. Who can I call regarding my records? Billing, Radiology, etc.?

Release of Information (ROI) has the ability to provide patients with a CD containing Radiology images.

ROI: (813) 844-7533 Radiology/ROI: (813) 844-7533 Main Radiology: (813) 844-7770 Billing: (813) 844-7291

7. What are the business hours for ROI?

Monday – Friday 8:30 a.m. to 12:30 p.m. and 1:00 p.m. to 5:00 p.m. We are closed on weekends and holidays.

8. Is there a charge for copies of my medical records?

Yes. Per Federal and State regulations, there may be a fee associated with obtaining copies of your medical records depending on the format requested and amount of information. There is no charge for medical records if they are provided directly to your physician.

9. If I come to the customer service window, can I receive copies of my medical records while I wait?

If you are requesting limited information for one particular recent visit, paper copies may be provided while you wait. Multiple visits or copies of entire charts may take up to 30 days to process. A request for records on CD will be processed within 30 days and mailed to you. You will be contacted regarding any fees associated with obtaining copies.

10. Where is the ROI Customer Service window located?

The Customer Service window is located at the main TGH hospital campus on Davis Island. The address is 1 Tampa General Cir. Tampa, FL 33606. We are on the first floor right across from the East Pavilion entrance next to the Information Desk.

11. How long does it take to receive my records once my request is received?

Once your request is received, it may take up to 30 days to process and be mailed out to you.

12. Who can pick up my records?

Only you can pick up your records unless you write a letter authorizing someone else to pick up your records or specify this information on the signed and dated access request form. The person you authorize to pick up your medical records will need to show identification before medical records are released.

13. Who can request my records?

Only you or the person/entity authorized by you to obtain records may request records. A Healthcare Surrogate or Power of Attorney appointed by you may request copies of your medical records. A copy of the corresponding documentation and appropriate identification must be presented before records will be released to a personal representative.

14. Can I request records on a deceased person?

Records on deceased patients can be requested by the Administrator of the deceased's estate, next-of-kin (surviving spouse, adult children, parents, or adult siblings, respectively). Proper documentation and identification must be provided. This may include court documentation, death certificate, and documentation proving relationship; i.e. an adult child requesting his/her deceased parent's records must provide proof that there is no surviving spouse and a birth certificate identifying patient as his/her parent.

15. How do I request someone else's medical records?

Only under certain circumstances can you request and receive someone else's medical records without their written authorization.

- You must be the parent of a minor child (under 18) who is not emancipated, or
- You must have Power of Attorney or Health Care Surrogate for the patient you are requesting, or
- You must provide a court order allowing you to obtain requested records.