

HOW TO OBTAIN COPIES OF YOUR MEDICAL RECORD

Please print and follow all directions carefully. Failure to properly complete each section or sign this form may result in a delay in obtaining your records.

Patient Identification: Print your complete name. Include your full address. Telephone number with area code is important in case we need to contact you about any questions or concerns with your release request.

Provider: Who has the information you need? If it is St. Croix Health simply check whether it is clinic, hospital, or behavioral health information you need. If you are using our form to obtain records from another facility, be sure to include the facility name and complete address. Please include a phone number, if available.

Requestor: Who should the information be sent to? Be sure to give the complete address. If the records are to be directed to a specific doctor or other individual, please give his/her complete name. Please include a phone number, if available.

Information Requested: This list contains the most commonly requested items in a medical record which are needed for continuing care. If you are requesting copies of your clinic notes for a clinic change, records from the last 3 years will be sent unless you tell us otherwise. If you are not sure what records are needed, check the "Other" box, and write in "all records".

Medical Condition: This box is very important to complete if you only want records from a certain date, visit, or medical condition to be released. If you are unsure of exact dates you may write, for example, "records from car accident in 2008".

Specific Authorization for Release of Information Protected by State/Federal Law: We cannot, by law, release any records relating to substance or alcohol abuse, mental health conditions, or HIV/AIDS related illness without your specific consent. If you want any of these records released, you must check the appropriate box. These records will not otherwise be released, even if they are part of your medical record.

Purpose of Release: We need to know why you are requesting copies of your record unless you are requesting them for your personal use. This is because your medical record is also our business record, and it is Federal and State law that we track this information.

Signature: We cannot release your records to you without your signature. We cannot, by law, accept a form with your signature typed in. You must sign for your own records. Your spouse, children, or other individuals may not sign for you unless he/she has power of attorney which gives them this ability.

Return to St. Croix Health Release of Information:

Fax the completed, signed form to us at: 678-325-0317

Mail: Attention: Release of Information at the address listed on the bottom of the Release of Information Form

Questions: Call CIOX at 800-367-1500

There may be a processing fee: Fees depend on the number of pages copied and are assessed in accordance with current State and Federal regulations. There is never a fee if records are sent directly to another medical provider or healthcare facility.