

Guidelines for completing Authorization to Release Patient Health Information form

Purpose: To ask Children's to provide health care information about your child to someone outside of Children's.

Instructions to Staff:

- This authorization form does not need to be completed when clinic staff or unit provides the information directly to the legal representative or current outside provider.
- For other recipients, or where clinic is not able to provide information, send to HIM S-216, but first:
- Check for completeness/legibility:
 - Patient information
 - Recipient's name and complete address
 - Clear information about what is requested for release (from & to date ranges and specific information)
 - Signature and contact information for legal representative
 - Minor's signature (where required for specific consent)
- If requested, give parent/legal representative directions to HIM department for hand delivery.

Guidelines for Families:

Completing the form:

- Please make sure to complete all relevant sections of this form, including:
 - Patient information
 - Recipient information
 - Specific information to be released (from & to date ranges and specific information)
 - Signature of legal representative/patient, and contact information

Where to send the form:

- If you complete this form at Children's, give it to a clinic or inpatient unit staff member to send to Health Information department
- If you are completing this form at home, mail or fax the completed form to the Seattle Children's Health Information department (address on front)

Where to call with questions:

- Health Information department: (206) 987-2173

Additional Information

CONSENT OF MINOR

A minor patient's signature is required in order to release the following information: 1) conditions relating to reproductive care including, but not limited to, birth control and pregnancy-related services and sexually transmitted diseases, including HIV/AIDS, (age 14 and older), 2) drug and alcohol abuse diagnosis or treatment, (age 13 and older), and 3) mental health conditions, psychotherapy (age 13 and older).

FEE FOR COPYING MEDICAL RECORDS

There may be a fee for copying the medical records. Please ask the Release of Information personnel for information about the fee schedule. There will be a charge for copying the entire record.

PROHIBITION ON REDISCLOSURE OF HEALTH INFORMATION

Federal and State laws prohibit redisclosure of information concerning sexually transmitted disease information or mental health information without the specific written consent of the person to whom the information pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Drug and Alcohol Abuse and Treatment Records are protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit the recipient of this information from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

FORMAT TO RECEIVE MEDICAL RECORDS

- **Compact Disc (CD):** Electronic records (with the exception of Radiology images) will be password protected. To have the password emailed to you, please provide your email address on the reverse side. If no email address is provided the password will be mailed separately to the postal address listed on the reverse side.
- **Secure Electronic Delivery (Patient Connect):** You must provide an email address to receive medical records in this format. You will be notified via email when your records are ready for download. For further information, please go to <https://patientportal.iodincorporated.com/SeattleChildrensHospital>