

Authorization To Release/Obtain/Exchange Patient Health Information

Note	You may be able to download recent medical records from MyChart without filling out this form. For information and instructions, go to seattlechildrens.org/patients-families/mychart. To request records not available via MyChart there is an electronic form you can complete within MyChart as an alternative to this paper form. To avoid delays, complete all sections in full, then sign, date, and submit to one of the options below. See page 2 for more information on how to complete this form.				
Patient	Patient Name: (Legal Name) _____ Date of Birth: ____/____/____ Last First Middle Month Day Year Other Names Used: _____ (if applicable) I authorize: ☐ Seattle Children's Hospital and Odessa Brown Children's Clinic ☐ Seattle Children's Primary Care Group (SCPCG) ☐ Richmond Pediatrics ☐ University Place Pediatrics Note: The Health Information Integrity Department (HII) does not share patient information over the phone. To: ☐ Release To ☐ Obtain From ☐ Verbally communicate (with the person/entity named below) Organization/Recipient/Person _____ Attention: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Email: _____ (required for CD and electronic delivery)				
Information to Release	Delivery method: Paper copies will be mailed to the recipient unless another format is checked: ☐ Compact disc (CD) ☐ Emailed ☐ MyChart (active account required) Purpose(s) of your request: ☐ Continuing Care ☐ Personal Use ☐ Legal ☐ Insurance ☐ School ☐ Disability ☐ Other (please provide details): _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; vertical-align: top;"> Records for dates: From _____ To _____ Month/Year Month/Year If no date specified, a summary of the last one (1) year of clinical documentation will be released. See page 2 for more details. </td> <td style="width:65%; vertical-align: top;"> Select type(s) of information that may be released: ☐ Clinic notes ☐ Immunizations ☐ Inpatient hospital stay ☐ Educational records ☐ Emergency department ☐ School care plan ☐ Lab/pathology/radiology reports ☐ Billing records ☐ Operative/procedure notes ☐ Other (please provide details) ☐ Psychiatric summary/care plan </td></tr></table>			Records for dates: From _____ To _____ Month/Year Month/Year If no date specified, a summary of the last one (1) year of clinical documentation will be released. See page 2 for more details.	Select type(s) of information that may be released: ☐ Clinic notes ☐ Immunizations ☐ Inpatient hospital stay ☐ Educational records ☐ Emergency department ☐ School care plan ☐ Lab/pathology/radiology reports ☐ Billing records ☐ Operative/procedure notes ☐ Other (please provide details) ☐ Psychiatric summary/care plan
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Seattle Children's
Primary
Care Group

Seattle Children's®

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PO BOX 5371, 818-HI
 SEATTLE, WA 98145-5005
 PHONE: 206-987-2173 FAX: 206-985-3252
 Email: healthinformation@seattlechildrens.org

44036

**AUTHORIZATION TO RELEASE/OBTAIN/EXCHANGE
PATIENT HEALTH INFORMATION**

Patient Identification - Write in or attach patient label

Name: _____

MRN #: _____

CSN # _____

Age/Sex & Gender: _____

- ☐ HII - Scan completed authorization into the patient chart - HIMScanningResolution@seattlechildrens.org
- ☐ HII - Release the requested medical records and scan into patient chart - healthinformation@seattlechildrens.org

If the boxes above are left unchecked, only valid authorizations will be scanned into the patient chart and no medical records will be released

Instructions for completing the Authorization to Release/Obtain/Exchange Patient Health Information form

If you would like to request medical records from Seattle Children's Hospital and/or affiliated Seattle Children's Primary Care Group locations, please complete and submit this authorization to **email:** healthinformation@SeattleChildrens.org **Fax:** 206-985-3252 **or Mail:**

Health Information Integrity Department
Seattle Children's
MS 818-HI
PO Box 5371
Seattle, WA 98145-5005

The HII Department does not allow in-person deliveries or pickups.

Please note: Records from Seattle Children's Primary Care Group facilities are not all managed by Seattle Children's Hospital's HII department. Please review the facility's website for directions.

MyChart: With an active Seattle Children's Hospital MyChart account, recent medical records may be available via MyChart for immediate download without filling out this form. Go to seattlechildrens.org/patients-families/mychartseattlechildrens.org/patients-families/mychart for information and instructions. The portal provides access to portions of the medical record. To request records not available via MyChart, fill out the electronic form in MyChart instead of this paper form.

Rights and privacy: For more information about your rights or how your patient information is used, please visit seattlechildrens.org/clinics/health-info-managementseattlechildrens.org/clinics/health-info-management

Revocation: You have the right to cancel your Authorization to Release/Obtain/Exchange Patient Health Information. To do so, complete the Revocation of Authorization form at seattlechildrens.org/clinics/health-info-managementseattlechildrens.org/clinics/health-info-management and send it to the HII Department. The revocation will not apply to information that has already been released or to services already provided according to this authorization.

Required signatures: An authorization form signed by someone other than the patient (if the patient is 18 or older, or an emancipated minor) or the patient's parent or legal representative (if the patient is under 18) must provide legal documentation of their authority.

Medical record requests: If you request "all" or check the boxes to release medical records for purposes such as continuing care, school/employer needs, personal use, or disability, the recipient will receive a summary of the record unless you specify otherwise. The summary includes emergency records, discharge summaries, operative/procedure reports, consultation reports, history and physical, outpatient office notes, and diagnostic tests or labs. If no date or date range is specified, the summary will be of the last one (1) year of clinical documentation. Requesting the "entire legal medical" record, may result in HII releasing additional documents like nursing notes, flowsheets, consent forms, orders, and more, which may require longer processing times. If you believe the recipient did not receive information you requested, please contact HII at **206-987-2173**.

Format to Receive Medical Records:

Compact Disc (CD): Electronic records (except for radiology images) will be password protected. To have the password emailed to the recipient, provide an email address on the authorization form. If you do not provide an email address, we will mail the password to the postal address listed on the authorization form.

Electronic (MyChart or email): Please note, there are file size restrictions when sending records through MyChart and email. If the file size is too large, HII will contact you to determine the best way to receive records. If you select email, you understand and accept the potential risks of email communication. For more information about the risks of email, visit seattlechildrens.org/patients-families/email-risks-conditions. For information on how to open an encrypted message, please visit: seattlechildrens.org/healthcare-professionals/community-providers/opening-encrypted-messages-from-seattle-childrens/seattlechildrens.

Format to receive radiology images: Electronic delivery through MyChart or Nuance PowerShare Imaging Portal is the fastest method to receive radiology images. For more information about receiving images through Nuance Power Share or available locations for in person pick-up, visit: seattlechildrens.org/clinics/health-info-management.

Fees: There is no charge for sending records or radiology images to a patient/parent/legal representative or to a provider for continuing care. There may be a charge for sending records to another recipient. Please note fees are reviewed periodically and are based on Washington State law (RCW 70.02.010(40) and WAC 246-08-400) or available locations for in person pick-up, visit: seattlechildrens.org/clinics/health-info-management.

Paper Copies/Compact Disc (CD) per page	First 30 pages \$1.24/page, pages 31 and up \$.94/page CD cost not to exceed \$50 plus shipping and handling
Radiology Images on Compact Disc	\$28 + tax (per request) OR \$6.50 HITECH
Shipping/Handling	Actual cost based on US Postal Service rates

Patient Identification - Write in or attach patient label

Name:

MRN #:

CSN #

Age/Sex & Gender: