

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATIONS FOR RELEASE OF HEALTH INFORMATION

To request a copy of your medical records, please complete the appropriate *Authorization for Release of Health Information* form and deliver in person, mail or fax to the location listed on the authorization form.

- If you would like DMG to **send** a copy of your records to you or another individual or organization, complete the *Authorization for Release of Health Information*.
- If you would like DMG to **obtain** a copy of your records from another individual or organization, complete the *Authorization for Release of Health Information from Other Healthcare Facilities*.

To obtain a copy of your medical records, a valid authorization must contain:

Patient Information: Provide the patient's full legal name, address, phone number and date of birth.

Requestor and Recipient Information:

- If you are requesting a copy of your own records from DMG, enter "Self" in the 'Release To' section.
- If you are requesting DMG to send a copy of your records to another individual or organization, enter the external individual information in the 'Release To' section.
- If you are requesting DMG to **obtain** a copy of your records from another individual or organization, enter the other healthcare facility information from which records are being requested.

Method of Delivery: Specify your preferred method of delivery. See our web site (www.dupagemedicalgroup.com) for the most current hours of operation for the three pick up locations. Provide the name of the person picking up the records, if other than the patient. For our patients' protection, a photo ID is required to pick-up records.

Purpose: We are required by HIPAA to obtain information related to the purpose of the disclosure. Please check the appropriate box in this section.

Information Disclosed: Please be specific regarding what information is to be disclosed and the treatment or time period. Providing the specific Department/Physician/Location where services were received will expedite your request.

Signature: All appropriate signatures and dates must be provided or your request will be delayed pending receipt of the necessary information.

Fees: Please refer to the Copy Service general information letter for current rates.