



INSTRUCTIONS FOR COMPLETING
AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

To insure the timely processing of your request, please read all items listed below.

- Items 1-4: Name should be the name of the patient at the time of treatment.
- Item 5: Two (2) boxes should be marked: one for "Purpose" of the request and one for the "Means" of delivery. Virginia Hospital Center only faxes directly to medical facilities/offices and only if records would not reach facility/office by mail in time for any appointment indicated at the top of the authorization. Please provide both fax number and phone number here. You will then need to complete Item 6 with the doctor's name and address.
- Item 6: This information must be provided. Write the name and full address of person you want to receive the copies, even if they are being sent to yourself.
- Item 7: You need to indicate specific dates OR a range of dates covering the dates of the visit. If it was a one-day visit, repeat the same date after date "to" as you indicated after date "from".
- Item 8: HIPAA guidelines limit Virginia Hospital Center to release "minimum necessary" to medical facilities. Our policy is to limit faxes to 10 pages, including Discharge Summary, History and Physical, Labs, Radiology ("Xray..."), EKG's and Operative Reports/Pathology. If the visit was ER only, the Emergency Room Record will be sent in full, unless only specific parts are indicated on your request. The physician may make a direct or subsequent request for other reports needed for continuing care. Again, we only fax records to physicians and other hospitals.

You as the patient, may request a copy of your records for your own personal use
You must complete an Authorization for Release of Medical Record Information form. Please note that there is a copy fee for a copy of your record. The fee is as follows: \$10.00 Base Fee, \$.50 per page up to 50 pages, \$.25 per page 51+ pages, \$1.00 per page for copies made from microfiche, and postage.
Our processing time is 15 days.

Items 9-13 The space on Item 11 may be left blank if you agree to an expiration timeframe of 1 year. If you wish the timeframe to be shorter, you may indicate a specific date or timeframe.

Items 14-16 Please enter the date that you are signing and your signature. If you have POA or are the administrator for a deceased patient, we will need additional documentation. Please call us for details.

If you have any questions, please call the Health Information Management department at (703) 558-2403

www.virginiahospitalcenter.com

