

## Request for Access to Protected Health Information by Individual Patients

Please check (✓) the appropriate box(es) (□) and fill in the blank(s) as needed.

1. Patient last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Requesting information from (specify TGH/TGMG location): \_\_\_\_\_

3. Date(s) of treatment:  Specific dates: \_\_\_\_\_ through \_\_\_\_\_

4. Specific information requested (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abstract report (all pertinent information) | <input type="checkbox"/> Radiology reports     | <input type="checkbox"/> Radiology images/CD  |
| <input type="checkbox"/> Discharge Summary                           | <input type="checkbox"/> Cardiology reports    | <input type="checkbox"/> Cardiology images/CD |
| <input type="checkbox"/> History & Physical                          | <input type="checkbox"/> Progress notes        | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Operative Report                            | <input type="checkbox"/> Consultation reports  |   |
| <input type="checkbox"/> Laboratory reports                          | <input type="checkbox"/> Emergency Room report |   |

5. In what format would you like to receive your records? (choose one):

- Paper  CD  Email  MyChart (patient only, and must have active MyChart account)  
 I wish to pick up my records (during Release of Information business hours)  
 Access to Review (by appointment only, during Release of Information business hours)  
 Please send copies of my records to:

Individual/Legal Guardian/Personal Representative name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Phone number of individual receiving records if not patient: \_\_\_\_\_

Email address (print clearly): \_\_\_\_\_

Email is not a secure means of communication. We will encrypt email communications of your records.

If I submit this access request form and request to have my information sent to a third party, I understand that information contained in my medical record may contain HIV/AIDS testing, results, and/or treatment records; mental health diagnosis and/or treatment records; alcohol and/or drug abuse diagnosis and/or treatment records.

### Processing Your Requested Information:

The Release of Information service area within the Health Information Management Department at Tampa General Hospital processes all requests for records for Tampa General Hospital and Tampa General Medical Group.

We may charge a fee for copies of requested health information to cover cost of labor, supplies, and/or postage, if mailed to you. We will inform you of the total charges before providing the requested copies. We will respond to your request within 30 days from date of receipt. Actual turnaround time is typically shorter. We will require an additional 30 day extension if your health information is not readily accessible or is maintained in an offsite storage facility. We will notify you if we need this extension of time.

We appreciate your patience while we process your request.

Signature of patient/Legal Guardian/Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by Personal Representative, relationship to patient: \_\_\_\_\_

See reverse side for frequently asked questions.



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**1. How do I request my medical records?**

You can mail, fax, or appear in person to request your records. See below.

**2. Can I fax my request?**

Yes. To expedite the process, and to make it easier for our patients to request copies of their medical records, we have set up a dedicated fax line for our patients to submit their requests. The fax number is (813) 844-1135.

**3. Once I request my medical records, how will I receive them?**

We can mail paper copies or electronic copies on CD to you, deliver them electronically via email, deliver them electronically via your active MyChart account, or you can arrange to pick them up. Please specify when requesting.

**4. Can I receive my records via fax?**

No. Due to HIPAA rules and regulations, and to ensure every patient's right to privacy, we only fax patient medical records to other medical facilities for immediate patient care.

**5. Can I receive my records via email?**

Yes. There is a risk associated with transmitting protected health information through unencrypted email possibly resulting in unauthorized third parties intercepting the email.

**6. Who can I call regarding my records? Billing, Radiology, etc.?**

Release of Information (ROI) has the ability to provide patients with a CD containing Radiology images.

ROI: (813) 844-7533 Radiology/ROI: (813) 844-7533 Main Radiology: (813) 844-7770 Billing: (813) 844-7291

**7. What are the business hours for ROI?**

Monday – Friday 8:30 a.m. to 12:30 p.m. and 1:00 p.m. to 5:00 p.m. We are closed on weekends and holidays.

**8. Is there a charge for copies of my medical records?**

Yes. Per Federal and State regulations, there may be a fee associated with obtaining copies of your medical records depending on the format requested and amount of information. There is no charge for medical records if they are provided directly to your physician or to the patient through their MyChart account.

**9. If I come to the customer service window, can I receive copies of my medical records while I wait?**

If you are requesting limited information for one particular recent visit, paper copies may be provided while you wait. Multiple visits or copies of entire charts may take up to 30 days to process. A request for records on CD will be processed within 30 days and mailed to you. You will be contacted regarding any fees associated with obtaining copies.

**10. How long does it take to receive my records once my request is received?**

Once your request is received, it may take up to 30 days to process and be mailed out to you.

**11. Who can pick up my records?**

Only you can pick up your records unless you write a letter authorizing someone else to pick up your records or specify this information on the signed and dated access request form. The person you authorize to pick up your medical records will need to show identification before medical records are released.

**12. Who can request my records?**

Only you or the person/entity authorized by you to obtain records may request records. A Healthcare Surrogate or Power of Attorney appointed by you may request copies of your medical records. A copy of the corresponding documentation and appropriate identification must be presented before records will be released to a personal representative.

**13. Can I request records on a deceased person?**

Records on deceased patients can be requested by the Administrator of the deceased's estate, next-of-kin (surviving spouse, adult children, parents, or adult siblings, respectively). Proper documentation and identification must be provided. This may include court documentation, death certificate, and documentation proving relationship; i.e. an adult child requesting his/her deceased parent's records must provide proof that there is no surviving spouse and a birth certificate identifying patient as his/her parent.

**14. How do I request someone else's medical records?**

Only under certain circumstances can you request and receive someone else's medical records without their written authorization.

- You must be the parent of a minor child (under 18) who is not emancipated, or
- You must have Power of Attorney or Health Care Surrogate for the patient you are requesting, or
- You must provide a court order allowing you to obtain requested records.

**15. What is an abstract?**

An abstract is a summary of your visit that contains the pertinent information about your treatment. For a typical inpatient stay, an abstract could consist of a discharge summary or order, history and physical, consultations, operative reports, lab results, radiology reports, and any additional diagnostic testing results.