
Please fill out the following Release of Information form completely, sign it, and mail it (with a copy of your photo ID) to us at.

**ATTN: Health Information Management
Release of Information
Baptist Health Medical Center-Little Rock
9601 Baptist Health Drive
Little Rock, AR 72205-9977**

(You may use the postage paid return envelope if enclosed.)

The Release of Information form and copy of your photo ID may also be faxed to

501-202-1555

Please provide us with a phone number where you may be reached so that we may contact you if we need further information.

Thank You

If you have any questions about this form you may call,

501-202-1914.

**AUTHORIZATION
FOR BAPTIST HEALTH
TO DISCLOSE
INFORMATION
TO OTHERS**



Empty rectangular box for patient information or notes.

Patient Name _____

Date of Birth _____

I hereby authorize the Medical Record Department of:

Please Mail or Fax this form to:

BAPTIST HEALTH Medical Center - Little Rock
ATTN: Medical Records Department
9601 Baptist Health Drive
Little Rock, AR 72205-7299
Phone: 501-202-1914
Fax: 501-202-1249

- BAPTIST HEALTH Extended Care Hospital
- BAPTIST HEALTH Medical Center - Arkadelphia
- BAPTIST HEALTH Medical Center - Heber Springs
- BAPTIST HEALTH Medical Center - Hot Spring County
- BAPTIST HEALTH Medical Center - Little Rock
- BAPTIST HEALTH Medical Center - North Little Rock
- BAPTIST HEALTH Rehabilitation Institute
- BAPTIST HEALTH - Stuttgart

To disclose and /or deliver my protected health information to:

Name: _____ Phone: _____
Address: _____ City: _____ State _____ Zip Code: _____

Specific information to be requested or released:

Date(s) of Service: _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Office Visit | <input type="checkbox"/> History and Physical | <input type="checkbox"/> Physician's Orders | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Summary (Abstract) of Medical Record | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Physician's Progress Note | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Entire Medical Record | <input type="checkbox"/> Consultation | <input type="checkbox"/> Radiology | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Emergency Room Record | <input type="checkbox"/> Operative/Pathology Report | <input type="checkbox"/> Laboratory | |
| <input type="checkbox"/> Other Information: _____ | | | |

The purpose of this disclosure is:

- Continuity of Care/Physician
- Legal Reasons
- Insurance
- Personal Records
- School / Work
- Other _____

Format for Release: Paper Electronic

I understand that I may revoke this authorization at any time by sending a written notice to the Hospital indicated above. I understand that any release which has been made prior to such revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality

This authorization will automatically expire in one year.

I understand that my ability to receive treatment is not conditioned on my signing this Authorization.

NOTICE: Once your PHI has been disclosed in accordance with this authorization, it may be re-disclosed to individuals or organizations that are not subject to the HIPAA regulations, which means the information may no longer be protected by HIPAA.

Signature of Patient or Legal Representative _____ Date _____

Relationship, if not the patient _____

Witness _____ Date _____

Witness's Address _____

SPECIFIC AUTHORIZATION FOR RELEASE OF DRUG/ALCOHOL ABUSE INFORMATION AND/OR MENTAL HEALTH INFORMATION I acknowledge that data to be released MAY INCLUDE material that is protected by Federal law and that is applicable to EITHER Drug/Alcohol or Mental Health Information or BOTH. My signature authorizes release of all such information (as specified above and for the purpose mentioned above).

Signature _____ Date _____

In order for the above information to be released, you must sign here and above.

Information Regarding Retrieval of Your Health Information:

Patients and Third party requesters can retrieve medical records for patients seen at all Baptist Health facilities from the Release of Information Office in our Little Rock facility. We hope the information below can assist you when requesting your health information.

When requesting medical records please provide the following information

- Sufficient patient information (i.e. all names used, DOB, or SS#)
- The facility that provided care (i.e. BRI, BHMC-LR, Baptist Therapy Cabot)
- The date of service (i.e. exact date or general time frame)
- The information you need (i.e. abstract, entire, or individual report)

Abstract chart: discharge summary, history/physical, labs, radiology, operative reports, procedure notes, EKG, consultations, and any other tests performed. Radiology includes: X-Rays, CT, MRI, Doppler, Mammography, any other scans.

These are reports only. In order to complete a request for medical records an authorization signed by the patient along with a valid form of identification is required. In cases where the patient is unable to sign, a legal healthcare power of attorney must be provided. If the patient is deceased a death certificate is required along with next of kin or executor of the estate documentation is required.

Arkansas Code 16-46-106 allows the ROI Office to charge requesters for the cost of copying medical records. **The charges are as follows:**

50 ¢ (Fifty cents) per page for the first 25 (Twenty Five) pages, and 25¢ (Twenty Five cents) per page for each additional page.

For records mailed, you will be charged the actual cost of any required postage.

You may obtain your records on CD. The charges will still be the same as above. **You may not obtain microfilm records on CD.**

It is the policy of the ROI Office to complete requests in the order in which they are received. All requests are processed in a timely manner; however, certain circumstances may cause delays in processing. Records dated prior to April of 1999 are stored on micro-film and can take up to 30 days to process. In addition, Baptist Health allows physicians 30 days from date of discharge to complete chart information on their patients.