Great Plains Health

Patient Name: _____ **Birth date**: _____

Address: _____ **Daytime Telephone**: _____

_____ **Last 4 of SSN#**: _____

I hereby authorize and request release of my medical records:

FROM: _____   **TO:** _____

_____   _____

_____   _____

Information to be disclosed:

From (date) _____   **To (Date)** _____

- ○ Discharge Summary
- ○ History and Physical Exam
- ○ Operative Report
- ○ Pathology Report
- ○ Other (please specify)

- ○ EKG/EEG Reports
- ○ Emergency Room Record
- ○ Clinic Notes
- ○ Psychiatric Information
- ○ Laboratory Results

- ○ Radiology Images
- ○ X-ray Reports
- ○ Prenatal (Pregnancy) Records
- ○ Physical/Occupational Therapy Notes
- ○ Substance Use Disorder Notes

_____

Release Format (choose one):

○ One Chart Patient Portal   ○ Mail   ○ Pick Up   ○ Email _____

Purpose of Release: ○ Continuation of Care   ○ Attorney   ○ Personal records   ○ Other _____

This statement of consent can be revoked at anytime before disclosure of the information, and expires on _____ (expiration date of event). If no expiration date or identifiable event related to the individual is listed, then the authorization expires 12 months after it is signed.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing. If I revoke the authorization, it will not have any effect on actions taken prior to receipt of the revocation.

I understand that the individual/institution that receives the information described above may not be covered by federal privacy regulations, and that the information may be redisclosed publicly and no longer be protected by those regulations. PROHIBITION ON REDISCLOSURE OF ALCOHOL AND/OR DRUG ABUSE TREATMENT INFORMATION RECORDS: This information has been disclosed from records protected by federal law. 42 CFR. Part 2 prohibits any further disclosures of these records without specific written authorization of the person to whom it pertains, or as otherwise permitted by law.

I understand Great Plains Health and its affiliates will not condition evaluation or treatment on whether I sign this authorization. Fees: I understand that federal and state laws allow a fee to be charged for the copying of medical records and I will be responsible for the payment of such fees.

_____   _____
Signature of Patient   Date

_____   _____
Print Name of parent, guardian, or authorized representative   Relationship to patient

_____   _____
Signature of parent, guardian, or authorized representative   Date

COPY IS AS VALID AS ORIGINAL
AUTHORIZATION FOR RELEASE OF INFORMATION

Updated 6/15/20

RELEASE OF INFORMATION

Mailing Address: **Phone:** 308-568-7440   **Fax:** 308-568-7396
Health Information Management   **E-mail:** ROI@GPHealth.org
Release of Information
601 West Leota
North Platte, NE 69101

PROCESSING TIME

- Health Information Management requires a <u>minimum of 72 hours or three business days</u> after the written request is received to process
- Allow an additional 7-10 days for mailing time
- Requests for records created prior to April 2018 may take additional time to research and process

COMPLETING THE AUTHORIZATION:

- Authorizations are valid for 12 months from the date of signing if no expiration date or identifiable event related to the individual is listed
- Requests made by anyone other than the patient must include:
  - Signature of the patient's representative and date
  - Relationship of representative to the patient
  - Persons other than the parent of a minor child must provide proof of legal authority to act on behalf of the patient. Legal proof includes guardianship, power of attorney, personal representative papers and other legal documents
- Charges do not apply when records are released to a doctor/medical facility for continuation of care.

CHARGES

TO PATIENT PRICING

How Records are Requested	How they are released	Fee Information
Electronic	One Chart Portal	Free
Electronic	Email, CD	$6.50 flat fee
Paper	Mail, pick-up	$0.50 per page

* pricing subject to change without notice
* $20 handling fee may apply to some requests