'Ohana CARDIOLOGY
3420 S. Mercy Rd., Ste. 300, Gilbert, AZ 85297
480-955-0900 480-955-0800 OhanaCardiology.com

MEDICAL RECORDS RELEASE FORM

MODIFIED MARCH 30, 2022 12:46 PM

Scan QR Code or visit OhanaCardiology.com

PATIENT AUTHORIZATION TO RELEASE MEDICAL RECORDS

PATIENT INFORMATION:

Patient's Full Name (please print) _____ *Date of Birth (Month/Day/Year)* _____

Patient's Current Address _____ *City / State / Zip* _____

Phone _____ *Mobile* _____

RELEASE: *I authorize 'Ohana Cardiology to release my personal healthcare information to:*

☐ ***MEDICAL PROVIDER'S NAME:*** _____

_____
Medical Provider's Physical Address *City / State / Zip*

☐ Records needed for doctor appointment on: _____

☐ ***PERSON(S) NAME(S):*** _____

_____
Person(s) Physical Address *City / State / Zip*

☐ Records needed for personal copy

☐ ***ENTITY NAME:*** _____

_____
Entity's Physical Address *City / State / Zip*

PREFERRED METHOD OF MEDICAL RECORD RELEASE: *(please check a box below)*

☐Hardcopy ☐Fax _____ ☐E-Mail _____

RELEASE OF SPECIFIC RECORDS:

☐ I only want released the registration papers, medical notes from each visit, labs, radiology, and/or pathology reports that were ordered by providers at the Clinic.

☐ Also include all medical records in my file from outside healthcare providers.

☐ Also include all billing records (does not include insurance EOBs)

* Patients who want insurance EOBs should contact their specific insurance company for a copy of those EOBs.

COST FOR THIS RELEASE REQUEST *(This form will not be processed if this box is not checked.)*

☐ I understand that HIPAA laws allow for the Clinic to charge a patient a reasonable fee for the right to access protected health information. These fees include the cost of copying, supplies, labor, and postage. Unlike the other 50 states in the US, the District of Columbia does not regulate these costs. The Clinic sets these costs based upon an examination of other state laws. No charge applies for up to 25 pages. A fee of $25.00 for 25 pages or more. These cost limits apply to both electronic and paper copies.
INITIAL HERE _____

TIME FRAME TO PROCESS REQUEST *(This form will not be processed if this box is not checked.)*

☐ I understand that HIPAA laws allow a processing time of up to 30 days to process a request for medical records. However, the Clinic tries to complete this process within 3-5 business days after receipt of this form.

By signing this form, I am authorizing the release of my protected health information (PHI) to the above provider/ entity, and/or persons above.

Patient Signature _____ Date _____