

Instructions for Completing the Authorization to Disclose Protected Health Information Form

Requesting Your Medical Records

Please follow the instructions below carefully when completing the attached authorization form to avoid any delays processing your request. Please complete the form in its entirety, write your name, sign, and date at the bottom on the page. Electronic signatures are acceptable.

Sending Medical Records

To send medical records to another physician or healthcare facility, you may complete the attached authorization form or have your physician's office fax (on their fax coversheet or office letterhead) or email a written request addressed to UT Southwestern Medical Center including your name and date of birth, type of records needed and appointment date with their complete office contact information. UTSW-physician-to-UTSW-physician referrals do not require an authorization. There is no fee to send your medical records directly to another physician or healthcare facility for patient continuation of care or treatment purposes.

Instructions: (Circled letters correspond with lettered steps)

Identity: Provide your name, if applicable other name(s) used, address, date of birth (DOB), phone number, and an email address.

Patient Notice:

- A. Check the box that best describes the purpose of your request.
- B. Check whether you, the patient, are requesting medical records or your desire to have our Release of Information team to send the medical records to a third party. Please let us know to whom and where your requested records should be sent by providing the name/facility name, attention to, address, city, state, zip code, phone number, email address and fax number.
- C. Specify how the records should be delivered if not electronic. Electronic transfer is the fastest delivery method and records will be delivered electronic unless otherwise specified.
- D. Mark with a checkmark what information is to be released. If there are any questions regarding the request, the Release of Information team will contact the requester.
- E. Enter the date range of the information that is to be released.
- F. Patient Acknowledgement: Please read and review all the information in this section as it pertains to your rights relative to the disclosure of your information. Acknowledge by printing your name, signing and dating the form.

Please Note:

Genetics, Student Health and Research Records: Due to the sensitivity of these records, you must specifically authorize the disclosure of this information by specifying that this is the information to be released and indicate what period of time and/or UTSW physician, clinic and facility name for the records required.

Substance abuse treatment records require an additional authorization form.

Reproductive Healthcare Attestation: If the request is being made by someone other than the patient for a patient's medical records, then the requester must complete an additional authorization "**Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Healthcare**".

Legal Representative: Any individual other than the patient signing the authorization form is required to present legal documentation verifying their designation as the Legal Guardian, Executor of the Estate, *active Medical Power of Attorney, and/ or next of kin. For deceased patients, a death certificate is required for verification. This documentation must accompany the authorization form.

***Active** – a medical provider has declared in writing that a patient is unable to make medical decisions on their own.