

## Record Request Process Information

- For patient privacy reasons, in accordance with the HIPAA law, VBMC requires a written authorization for all release of information requests.
- When filling out the “Authorization for Release of Medical Information” form, please print as **clearly** and **legibly** as possible.
- Each component on the Authorization should be filled out in its entirety to include:
  - Patient’s First and Last Name; Date of Birth, Address and Phone Number
  - **Complete** Address of the individual or facility where the records are being released to.
  - An explanation of what records are being requested, from what dates of service. (If exact date is unknown: date range or month and year are acceptable).
  - Reason for Release of Information
  - **Signature of patient**, printed name and date

By filling out the form **completely** you will insure that your request will be processed and not returned to you in order to obtain the missing information.

- In most cases the authorization **must be signed by the patient**, or parent in the case of a minor. There are some exceptions, but this should be discussed with the HIM department.
- Once the authorization form is received by the HIM department the request is processed within **7 to 10 business days** after discharge. We understand that there are some circumstances that require the request to be processed sooner. This should be discussed with the HIM department.
- Please note that there may be processing and postage fees associated with the request for which you will receive an invoice from our copy service, CIOX (IOD).
- If there are any questions regarding the Release of Information Policy, the Authorization for Release of Medical Information form, or this Informational Sheet, please contact the HIM department at 845-437-3020 or direct extension 73020.