MICHIGAN MEDICINE
Health Information Management (HIM)
Release of Information (ROI) Unit
2901 Hubbard Rd #2722
Ann Arbor, Michigan 48109-2435
Phone: (734) 936-5490
Fax: (734) 936-8571

70-10015

AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD

(Patient Requests Information To Be Sent From UMHS)

For Clinic Use Only:				
Records sent from Clinic – please send				
form to Central Imaging				
Mailed Picked Up Faxed	1			
Date Received:	_			
Date Processed:	_			
Processed By:	_			
Forwarding Request to ROI for processing	ş			

Please complete this form in its entirety so we can help you receive the information you are requesting.

1. This authorization is voluntary. I understand that Michigan Medicine will not base treatment, payment, enrollment, or eligibility for benefits on my signing this document. Please see the second page for our fee schedule.

eligibility for benefits on my signing this doc	Maidan / AV A.	Data of Dirth.
Patient Name:		
Street Address:		
City/State/Zip:		Telephone #:
		information to Myself to the address listed above. onic (web link) US Mail Pick-Up from ROI Univ
3. Other: I am the patient, or the legally arrelease my protected health information (or the		e patient listed above and request Michigan Medicine to ove) to:
Individual/Person:	Compa	ny/Organization:
Street Address:		
City/State/Zip:		Telephone #:
Select delivery method: Select delivery method: Select delivery method: Select Hold: Select Hold		
US Mail Certified Over	night Delivery (extra charge)	E-mail
	, . .	
4. Purpose of release/disclosure to other per	-	Que (en la sella l'es Que (ten 5)
Reason for Disclosure		<u>Set (as described in Section 5)</u>
Continuation of Care/Transfer of Care	Package 1	1 1-4
Attorney/Legal	Package 2 for a selected	
		1 dale range
Insurance Company	Package 1 for a selected	
 Insurance Company Workman's Compensation Other (specify):	Package 1 from date of	
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 Workman's Compensation Other (specify): 5. Record set to be released to the party indi I request the following information be released counseling; HIV, AIDS or ARC; communicable 	Package 1 from date of icated above: Use form 70-1 d, which may include: alcoho le disease or infections, inclu	incident 0232 for release of alcohol / substance use disorder inf <i>ol and drug abuse/treatment; psychological and social wo</i> <i>ding sexually transmitted diseases, venereal disease,</i>
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AUTHORIZATION **TO RELEASE COPIES OF** A MEDICAL RECORD

(Patient Requests Information To Be Sent From UMHS)

For Clinic Use Only:				
Records sent from Clinic – please send				
form to Central In				
☐ Mailed	Picked Up	Faxed		
Date Received:				
Date Processed:				
Processed By: _				
Forwarding Rec	uest to ROI f	or processing		

(specify expiration date or event). 6. This authorization expires on: If the expiration date is left blank, the authorization expires 60 days from the signature date.

- 7. Revoking (cancelling) authorization: I may revoke (cancel) this authorization at any time. Revocations (cancellations) must be made in writing and sent to the Michigan Medicine Health Information Management Release of Information Unit at the address listed on this form. Revocations (cancellations) will not apply to information that already has been released. If this authorization was obtained as a condition of providing insurance coverage, the authorization will not apply to my insurance company to the extent the law provides my insurer with the right to contest a claim under the policy, or the policy itself.
- 8. Note: Once information has been disclosed, Michigan Medicine can no longer protect it from further disclosure.

9. Payment: There will be fees associated with most record requests as outlined below. Check if Fee Approval Required

Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign)

DATE (mm/dd/yyyy)

Printed Name of Legally Authorized Representative (if patient is a minor or unable to sign) Relationship to Patient: Spouse Parent Next-of-Kin Legal Guardian **DPOA for Healthcare (attach copy)**

Additional Information Regarding Your Request

REOUESTING MEDICAL RECORDS ON BEHALF OF ANOTHER PERSON

If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request the record set. Examples of these documents include Letters of Representation, Guardianship Papers, Affidavits of Heir at Law, etc. Please contact the Release of Information Unit at (734) 936-5490 to determine the documentation that will be required to process your request.

SUBMITTING REQUESTS & RECEIVING RECORD COPIES - Requests for medical records may be:

- Mailed to Health Information Management, Release of Information Unit at 2901 Hubbard Rd., RM 2722, Ann Arbor, MI 48109-2435
- Faxed to Health Information Management, Release of Information Unit at (734) 936-8571
- Submitted in person Monday-Friday 8:00 AM 5:00 PM to the ROI Unit at Hubbard Road location noted above.

Our average turnaround time for processing requests is five business days plus shipping time. Unless otherwise requested, records will be sent through US Mail. Records needed for medical emergencies will be faxed directly to a physician or medical facility. Please include your phone number on your request, in case we need to contact you for additional information. For questions regarding requests for medical record copies, please contact: Health Information Management - Release of Information Unit at (734) 936-5490.

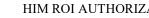
FEES are authorized and updated annually by the State of Michigan Medical Records Access Act, P.A. 47 of 2004, MCL 333.26269. Additional fee guidance is provided under federal regulations. Some records requested for legal, insurance, or personal use may require a prepayment. If your request requires pre-payment, a fee notice will be sent to you upon receipt of your request. Actual postage and Michigan State tax will be added to the fees outlined below. The current Fee Schedule can be found at https://www.uofmhealth.org/patient-visitor-guide/medical-records. Records fees will be billed as follows as of April 2018:

Patients:

- -MvUofMHealth Patient Portal No fee
- -Electronic Records Electronic Delivery See Fee Schedule
- -Electronic records to Paper Mailed See Fee Schedule
- Paper Records Electronic Delivery See Fee Schedule
- Paper Records to Paper Mailed See Fee Schedule

Attorneys and Insurance Companies:

- -Clerical Fee as permitted by State Law See Fee Schedule -Per Page Fees – See Fee Schedule
- -Actual Postage Fees as Applicable
- Patient Directives See Fee Schedule



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