

# MEDICAL RECORD REQUEST CHECKLIST

FACILITY NAME:	
RESIDENT NAME:	
Date request received:	Date documents released:

Resident information must not be released without a signed & dated authorization by the resident or his/her legal guardian or authorized representative. Mental health records, alcohol & drug treatment records, records containing HIV-related information will not be released by general authorization. Records must be released within 30 days of request per the HIPAA Omnibus Rule or 60 days extension when applicable.

\*\*\*DO NOT RELEASE INCIDENT REPORTS\*\*\*

	<b>Requests from Residents</b>
	Authorization is dated & signed and expiration is clearly stated or state rules apply
	Verify Resident's signature
	Authorization lists the name & address of who is to receive the PHI
	Confirm resident is competent to request records if not, refer to Family section below
	Resident's Full Name
	Resident's Date of Birth
	Resident's Address
	Requester's Name and Address
	Reason for requesting medical records
	Name of Facility
	Dates of Service
	Radiology imaging and/or reports request must be specified
	Determine if records are on-site or archived off-site
	Sensitive information within PHI-authorization is stated separately; in addition to regular PHI
	Verify records have no deficiencies
	<b>Requests from 3<sup>rd</sup> Party Requesters i.e. Attorney or Health Insurance Co</b>
	In addition to the items from "Requests from Residents" you will need the following:
	Letter of Request from Attorney or Health Insurance Company is on letterhead (signed/dated)
	Copy fees can be charged for requests from attorney <ul style="list-style-type: none"> <li>• See Copy Fees on following page</li> </ul>
	Or the Third Party (name and address) is listed on authorization page
	<b>Requests from Family or Legal Guardian/Conservator</b>
	In addition to the items from "Requests from Residents" you will need the following:
	Must have Healthcare Power of Attorney if resident is living; or,
	Legal Guardian documentation
	<b>Requests for residents who are deceased</b>
	In addition to the items from "Requests from Residents" you will need the following:
	If there is a will: Executor of Estate or Administrator must supply Letters of Testamentary
	If there is no will: Executor of Estate or Administrator must supply Letter of Administration
	Copy of Death Certificate
	HIV-related information should not be released without a court order, except to a life insurance company for purposes of payment to a beneficiary.

Copy fees should not be charged for the following:

- Continuation of Care
- Medical Examiner
- Health Insurance i.e., SSI, Donors
- Subpoenas