



AUTHORIZATION FOR NEMOURS TO RELEASE/OBTAIN PROTECTED HEALTH INFORMATION

PATIENT INFORMATION: (please print)

Medical Record Number: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Name at Time of Treatment (if different than above): _____

Date of Birth: _____ Phone: _____ Email (optional): _____

Street Address: _____ City: _____ State: _____ Zip: _____

FACILITY OR INDIVIDUAL RELEASING MEDICAL RECORDS: <small>(PLEASE NOTE: RELEASING FACILITY WILL DEFAULT TO NEMOURS IF LEFT BLANK.)</small>		FACILITY OR INDIVIDUAL RECEIVING MEDICAL RECORDS: Releasing to Treating Psychiatrist Yes <input type="checkbox"/> No <input type="checkbox"/>	
Facility/Name:		Facility/Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone #:	Fax:	Phone #:	Fax:

Please send medical records by:

First Choice: Fax Paper Nemours Children's MyChart or Email _____
 Second Choice: Fax Paper Nemours Children's MyChart or Email _____

***If the requested information is not readily producible in the selected format, a readable hard copy will be sent by mail.**

INFORMATION TO BE RELEASED: (check all items to be released):

Covering the period(s) of care (list applicable dates): _____

Specify department(s), provider(s) optional: _____

- History and Physical, Consults, Operative Report, Diagnostic Studies, Discharge Summary, Emergency Room Report (**Inpatient Abstract**)
- All office visits for each clinical division, Key Diagnostic Studies, Emergency Room Report, Operative Reports (**Outpatient Abstract**)
- Discharge Summary Outpatient Office Visit Operative Report Imaging Report Imaging Films Lab Reports
- Path Slides/Blocks Other (please specify): _____

Patient or Parent/Personal Representative Initials are REQUIRED to release the following:

_____ Psychiatric/Psychology Social Work Notes _____ Psychological Evaluation & Results
 _____ Genetics Testing _____ HIV Reports/STD Reports _____ Drug/Alcohol Results

Disclosure (please specify purpose, as required by HIPAA regulations): Personal Copy

Continuing Care to Another Physician/Hospital Transfer to New Primary Care Office Other _____

Please Note: Medical records selected above will only be released if Nemours provided treatment/services for the patient.

AUTHORIZATION:

- I may revoke this authorization at any time by notifying the originating organization noted above in writing.
- I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
- I understand the information disclosed may be subject to re-disclosure and no longer be protected by federal or state privacy regulations.
- I have the right to inspect or copy the information to be used/disclosed as permitted by federal law.
- I may refuse to sign this authorization and that it is strictly voluntary.
- Authorization will expire 90 days after signature unless indicated otherwise (insert date): _____
- If I do not sign this form, my healthcare and the payment for my healthcare will not be affected.
- If this authorization originated with the provider, I will receive a copy of this form after I sign it.

Patient/Personal Representative Signature: _____ Date: _____ TIME: _____ AM/PM

Patient/Personal Representative (Printed Name): _____ Relationship to Patient: _____

<p>TO OBTAIN COPIES OF MEDICAL RECORDS FROM NEMOURS: Fax: 302-651-4480 Email: patientrecords@nemours.org NOTICE: There may be costs associated with this request. For personal copy, CD/Fax/Email/Paper: \$6.50 For Questions, please call 866-956-7299, press option #6</p>	<p>TO SEND MEDICAL RECORDS TO NEMOURS SPECIALTY CARE BY FAX: ORL – (407) 650-7124 PNS – (850) 476-4579 DE – (302) 295-0718 JAX - (904) 697-3927</p>	<p>TO SEND MEDICAL RECORDS TO NEMOURS PRIMARY CARE BY: EMAIL: NEMHIMReferralTeam@Nemours.org BY FAX: DE Valley (302)298-8995 ORL/CHA Primary Care (321)388-0111</p>
--	--	---

AUTHORIZATION TO RELEASE/OBTAIN PATIENT INFORMATION

Instructions for Form Completion:

- Complete Patient Name, Name at Time of Treatment (if different), date of birth, phone, Email, and address. The Medical Record # section will be completed by the HIM Staff.
- RELEASING/RECEIVING Medical Records: List the facility/person you wish to Release records in the box on the left and list facility/person you wish to Receive medical records in the box on the right.
- Information to be released:**
 - Please list the dates of service if applicable
 - Please list the department/s or provider/s if applicable
 - Please identify the specific reports that you are requesting
 - Your initials are required to release the following: You will only receive copies of these type of reports if initials are present.
- Purpose of disclosure – Please specify why you are requesting records
- Signatures – please review the Authorization section, sign and print your name, enter the date and your relationship to the patient (if the patient is 18 or older – they must sign the Authorization).
 - NOTE: Authorization will expire in 90 days after signature unless otherwise specified (*see #6 under authorization*).

Nemours Children's MyChart

Did you know that you now can obtain a copy of you or your child's medical record in real-time? This can be completed by accessing our secure application called Nemours Children's MyChart. This program allows you 24-hour access to obtain copies and view portions of your child's medical records, schedule upcoming appointments, request prescription renewals, and more. Nemours Children's MyChart is free and available to all Nemours patients and their legal guardians.

To get started in Nemours Children's MyChart, please visit <https://mychart.nemours.org/>

Key: HIV: Human Immunodeficiency Virus; STD: Sexually Transmitted Disease

*Nemours Children's includes: The Nemours Foundation, a Florida not-for-profit corporation, its operating divisions and sites, and its affiliates and subsidiaries, including Nemours Children's Hospital, Delaware; Nemours Children's Hospital, Florida; Nemours Children's Hospital, Surgery Center, Deptford; Nemours Children's Hospital, Surgery Center, Malvern; and all entities operating under the name Nemours Children's Health.