Chase Brexton Health Care
Because everyone's health matters.

RELEASE OF INFORMATION (ROI) TO REQUEST RECORDS FROM AN OUTSIDE PROVIDER

Phone: 410-837-2050 **Fax:** 866-629-0091
Address: Attn: Health Information Management, 1111 N. Charles Street, Baltimore, MD 21201

I authorize Chase Brexton Health Services, Inc. ("Chase Brexton Health Care") to obtain my individually identifiable health information, as described below.

Patient Information:

Patient Legal Name: _____ DOB: _____

Name preference (How would you like to be addressed?): _____ Phone: _____

Please request my health records from the following office:

Name:_____

Address:_____

_____

Phone: _____/ Fax: _____

Medical (check all that apply)

- ☐ All
- ☐ Hospital Notes
- ☐ Operative/Pathology Notes
- ☐ Consult Notes
- ☐ Laboratory Results
- ☐ HIV/AIDS
- ☐ Imaging/Diagnostic
- ☐ Other _____

Pharmacy

- ☐ All Prescriptions
- ☐ Other _____

Behavioral Health (check all that apply)

- ☐ All
- ☐ Mental Health
- ☐ Other _____

Dental

- ☐ All
- ☐ Visit Notes
- ☐ X-Rays

Billing

For visit date(s): _____

For visit type(s): _____

Please request the above records dated _____ to _____ (if applicable)

I understand that:

1. This HIPAA authorization for use and disclosure of information form is voluntary;
2. My treatment and the payment for my treatment will not be affected by my signing or not signing;
3. I may revoke this authorization at any time by notifying Chase Brexton in writing, but the revocation will not apply to information that has already been disclosed;
4. The information that is disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected; and
5. I may request a copy of this authorization.

This ROI expires within 1 year, or when it is used for its single purpose, whichever comes first.

Signature of Patient or Patient's Legal Representative: _____ Date: _____

Printed Name of Legal Representative (if applicable): _____

OFFICE USE ONLY: This signed request or the above mentioned records were forwarded to the requested recipient via:

[ ] Mail [ ] Fax [ ] Handed to recipient [ ] No action needed

Employee Name: _____