

## How to Fill Out a Release of Information (ROI)

**First Box:** This is the section where you will fill in the **patient's personal information**. The "previous" name option is just in case you've had a change in your name recently (e.g. divorce, marriage, adoption, legal name change, etc.)

<b>Please Print Patient Information</b> <i>must be fully completed</i>	Name: _____ Previous Name: _____ Date of Birth: _____
	Address: _____ Phone: _____
	City: _____ State: _____ Zip Code: _____

**Second Box:** Here is where you will fill in the name of the **facility or provider** that currently has your Medical Records. This can be Littleton Regional Hospital or any other hospital or provider.

<b>Who has the information you want released.</b>	<b>Please list the specific hospital, physician office and/or home health agency</b>
	Provider / Facility: _____
	Address: _____ Phone: _____
	City: _____ State: _____ Zip Code: _____ Fax: _____

**Third Box:** Next, fill in where you would like your records sent to. This can be "Self" if you'd like the records mailed or emailed to yourself; or it can be the name of a facility or provider.

<b>Who do you want to receive your information?</b>	I hereby authorize the above named facility/provider to:	
	<input type="checkbox"/> Release medical records, <input type="checkbox"/> Speak to/discuss with, <input type="checkbox"/> Both release medical records to and discuss medical information with	
	Provider / Facility / Person: _____	
	Address: _____ Phone: _____	
	City: _____ State: _____ Zip Code: _____ Fax: _____	
	Email: _____	

**Fourth Box:** Now that we know who currently has your records and where you would like them sent, we need to know exactly what to send. First, you **MUST** enter a "Date of service," **UNLESS** you just want a complete records release for **the last 2 yrs**. If you want records for one visit specifically, put the date of that one visit. It asks for a start date to an end date, so if you would like a complete transfer/request of all records, a safe bet is to put "First visit" to "Present." That way it'll cover every visit. Next, check off what you would like for records. Notice at the very

bottom of the box where it asks if any of that “sensitive” information applies to you, if any of it does you **MUST INITIAL** next to each one.

Information to be released:	Date(s) of service From: _____ To: _____	
	<b><u>We do not accept “ALL” for dates of service. If left blank the last 2 years will be sent.</u></b>	
	Check off the information you would like to be sent:	
	<input type="checkbox"/> Abstract (summary of visits and all tests) <input type="checkbox"/> Emergency Room Visit(s) (Reports, tests, consults, etc.) <input type="checkbox"/> Physician Office Visit(s) <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Laboratory Report <input type="checkbox"/> Operative Report <input type="checkbox"/> Immunizations <input type="checkbox"/> Inpatient Stay(s) <input type="checkbox"/> Nursing Notes	<input type="checkbox"/> Urgent Care <input type="checkbox"/> Cardiology Reports and Stress Tests <input type="checkbox"/> Pathology <input type="checkbox"/> Rehab PT/OT/ST <input type="checkbox"/> Billing Records Other _____ _____ _____
	<input type="checkbox"/> Radiology Images <i>*Radiology Images will be available through Nucleus Online Portal.</i>	
What do you want shared? Check appropriate boxes.	Sensitive Information (INITIAL to be released)	
	<input type="checkbox"/> Drug & Alcohol testing and/or treatment records <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Intake Assessment	<input type="checkbox"/> HIV/AIDS/STD testing and/or treatment records <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Evaluations <input type="checkbox"/> Mental Health Progress Notes

**Fifth Box:** Here you will check off the best or closest reason as to why you are requesting these records.

Purpose of Release (Why it is needed)	<input type="checkbox"/> Continuing Care	<input type="checkbox"/> Transfer of Care	<input type="checkbox"/> Personal Use/Review	<input type="checkbox"/> Insurance
	<input type="checkbox"/> Attorney	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Temporary Transfer of Care (school winter /away)	<input type="checkbox"/> Other (specify): _____
Fees may be charged in accordance with State and Federal Statutes				

**Back Page:** Finally, flip the page over and on the back is where you will NEED TO sign your signature, print your name, AND ADD THE DATE.

Signature of Patient or Authorized Representative \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship of Authorized Representative (e.g. Parent, Guardian, Power of Attorney) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

All of these steps and little details may seem redundant but these precautions are for your safety as a patient of LRH. This is a legally binding document so if it is not filled out completely and correctly we cannot accept it. Your privacy and confidentiality are very important to us so we must do everything by the book in order to protect you and your records.