

Release of Information Points to Remember



- 1. Patient name as in chart**
- 2. Must have D.O.B**
- 3. Next appointment date- Only for upcoming Horizon appointments**
- 4. Provider who is asking for records to be requested. Leave blank if not a Horizon patient.**
- 5. If requesting from outside facility, must have facility name and/or provider name.**
- 6. If sending to outside facility, must have provider and/or facility name.**
- 7. Must have at least a phone number of facility. Fax number if available. (Please do not use internet search to obtain fax number)**
- 8. Please be specific and ONLY check what is needed. For example, don't check Immunization Records if you are wanting an imaging report. In most cases ALL RECORDS= 30 DAYS TO RECEIVE.**
- 9. Must have Date of Service or Date range.**
- 10. Reason we are sending or requesting records.**
- 11. These 4 lines MUST be initialed (unless being filled out by staff)**
- 12. Signature of patient. (Patients 12-17 must sign when requesting mental health, family planning, drug or STD lab results)**
- 13. Signature of parent or legal guardian if required.**
- 14. Releasing or requesting records dealing with mental health, family planning, drug testing or STD's must have a witness signature.**
- 15. Hospital employee must sign/date before sending form to HIM.**

