

Tips for Requesting Medical Record Copies

DID YOU KNOW?

- ✓ Authorization forms signed by someone other than the Patient (if 18 years of age or older, or an emancipated minor*), or the patient's parent (if under the age of 18) **must** have a guardianship document signed by a Judge or Magistrate.
 - ***Emancipated Minor:** (from ORC 2919.121) A minor shall be considered "emancipated" if the minor has married, entered the armed services of the United States, become employed and self-subsisting, or has otherwise become independent from the care and control of (his)/her parent, guardian, or custodian.
- ✓ Requests for "**ALL**" information (which can include: progress notes, nursing notes, flowsheets, consent forms, etc.) can considerably delay processing your request. If you need help determining what to request, please ask the person authorized to receive the information what they need. You can also contact a Health Information Management (HIM) Department representative at (513) 636-8233. We will be happy to assist you.
- ✓ When requesting dates of service, an Abstract (see definition below) of the medical records from the last 2 years of active treatment will be released, unless otherwise specified. If additional records are needed, please specify dates.
- ✓ If the information requested is for continuing patient care, patient/parent/legal guardian use or disability purposes the receiving entity generally wants an **Abstract** of specific information.

Medical Record Abstract contains the following documentation:

- Discharge Summary –this document is a summary of the care, treatment, services provided and progress toward goals of an inpatient stay
 - Emergency Record – this record documents a summary of the care, treatment and services provided for a visit to the emergency room
 - History & Physical – this form details the present illness or care needs and includes any relevant history
 - Inpatient Consultation Report(s) – this report documents the findings of a physician asked to examine a patient during an inpatient or observation stay
 - Operative/Procedure Report(s) – this report details the surgeon/proceduralist's findings, technical procedures used, specimens removed and postoperative diagnosis
 - Outpatient Clinic Note(s) – notes from outpatient office or therapy visits
 - X-Ray Reports, Labs or Other Tests – radiology, lab results, and other tests including echocardiograms and EKGs
- ✓ Records sent to patient/parent/legal guardians or to providers for continuing patient care, are **not** charged. If records are being sent to another person or entity, there may be a charge.

The person or entity identified to receive records will be sent a prepayment invoice once the total cost is determined.

Paper Copies/CD per page	First 10 pages \$1.34/page, pages 11-50 \$.69/page, 51 pages and up \$.27/page (CD cost not to exceed \$50 plus shipping and handling)
Radiology Images	\$10.00 per study
Shipping/Handling	Actual cost based on US Postal Service rates (waived if picked up)

Fees are reviewed periodically. They are based on the State of Ohio ORC 3701.742 or the HIPAA HITECH ACT.

- ✓ If you did not specify records to be released on paper or CD, the records will be released on CD.
- ✓ The Health Insurance Portability and Accountability Act (HIPAA) allows healthcare providers **30 days to process records** requested by patients/parents/legal guardians with an acceptable extension period of 30 days when required. CCHMC strives to provide records quickly. Sometimes the full 60 days are required.
- ✓ If you have selected "**Reviewed in HIM**", an appointment needs to be scheduled. An HIM Department representative will contact you when the records are ready to be reviewed.
- ✓ If you've requested release of records through the patient's CCHMC MyChart account, please note that radiology images cannot be sent through MyChart. Images will be put on a CD and sent through the mail.
- ✓ If you are an attorney and submit a subpoena for medical records and you are not the prosecuting attorney requesting records for reasons of child abuse or neglect, please also submit the Authorization for use and/or Disclosure form signed by the patient/parent/legal guardian or a Court Order signed by a Judge or Magistrate.
- ✓ If records are requested to be picked up and are not picked up within 60 days the records will be destroyed.

Request has been filled: Yes, Name _____ Date _____ Page Count _____