

PATIENT RELEASE OF INFORMATION

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Patient Identification

Patient Name:	Birth Date:	Last 4 Digits of Social Security Number
Address:		Telephone No. ()

Recipient of Information (Choose One)

Patient or Patient's Personal Representative Third Party (only electronic copy of Patient's electronic medical record/otherwise use Form MS-5864)

Requested Form of Copy (Choose One)

Inspection Paper PDF (CD) PDF (email) PDF (USB drive)
 Other (please specify) _____

Method of Delivery (Choose One)

Pick up/inspection (If other than patient, then specify name: _____)
 Mail paper copy, CD, or USB to patient mailing address: _____
 Electronic delivery (Email address: _____ or Fax # () _____ - _____)
 Secure email (will require login)
 Unencrypted email (by choosing this option, you accept the risk that your information could be viewed by an unauthorized person)
 MyChart

Description of Requested Information:

<input type="checkbox"/> Abstract	<input type="checkbox"/> Billing Information	<input type="checkbox"/> Cardiac Studies/EKG	<input type="checkbox"/> Consult
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Entire Record	<input type="checkbox"/> History & Physical
<input type="checkbox"/> Lab	<input type="checkbox"/> MD Progress notes/ Orders	<input type="checkbox"/> Nursing Notes	<input type="checkbox"/> Operative Report
<input type="checkbox"/> Pathology	<input type="checkbox"/> Physician/ Clinic office record	<input type="checkbox"/> Radiology	Other _____

Treatment Dates: _____

Patient Portal: Please note the following information is available through the Ballad portal.

■ MyChart for Ballad Health: After Visit Summary, Discharge Summary, Select Laboratory and Radiology Results, Continuity of Care Document, Patient Education, Immunization Records, Medical History

API Access:

Accessing your medical record via an API (Application Programming Interface) is now available. If you have a different application you use and would like for Ballad to consider an application that is not currently connected, please let us know the details of the application.

Application Developer's Name: _____

Application Name _____

You may obtain immediate access to certain information in your medical records at no cost through a Ballad Health patient portal. This includes access through the health app of your choice through an API (Application Programming Interface). For more information on how to access your information through our patient portals, including through your choice of health app, call 866-517-5873 for MyChart, or go online to www.balladhealth.org/patient-portals.

_____ Time	_____ Date	_____ Signature of Patient/ Parent/ Conservator/ Guardian	_____ Relationship to Patient
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_____ Time	_____ Date	_____ Team member processing request
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- Verbal request received and identity verification completed per policy.
- Copy of Patient Release of Information form given to the patient.
- Copy of the Patient Release of Information form refused by the patient.