

ColumbiaDoctors is committed to ensuring patient privacy and protecting health information. The privacy rights established under the Health Insurance Portability and Accountability Act (HIPAA) require that we may not use or disclose protected health information (PHI) without a valid authorization, except as otherwise permitted or required in the privacy rule.

1. Where can I find the updated Authorization to Disclose PHI/Medical Records form?

The Authorization to Release PHI form can be downloaded from the CUIMC HIPAA website at www.hipaa.cumc.columbia.edu under the Patient Forms tab and can be downloaded as a fillable PDF.

2. What information needs to be completed on the form?

Fields	Instruction
Patient Name	Please provide the patient's full name.
Maiden Name or Other Name	Please provide the patient's maiden name or another name the patient may have received care under. This helps in identifying the patient and the records to release.
Patient's Date of Birth	Please provide month, day, and full year (mm/dd/yyyy).
Patient Address	Please provide the number, street, city, state, and zip code.
Telephone Number	Please provide the area code and number to best contact the patient.
E-mail Address	Please provide the e-mail address if applicable.
Medical Record Number	If known.
Location Where Copies Should be Sent	Patients requesting for themselves, the patient can check the box for "same as above". Copies of medical records requested by patients to be sent to another address for themselves, insurance companies, attorneys, physicians, etc. must include the full name, and full address as noted above.
Location from Where Care was Received	Please check the facility where the care was received for the dates and information requested. For outpatient medical records, also please indicate the specific provider(s).
Information to be Released	Specify the information to be released including, office notes: Specific To and From Dates (admission and discharge dates, not range of years).
Indicate Type of Service	Inpatient, Ambulatory Surgery, Emergency Department, Ambulatory/Clinic, Provider Office (including Dental), etc.
Indicate Information to be Released	Labs, Radiology, Pathology, Operative or Procedure Report (specify type of procedure), discharge summary, other
Expiration Date	Date the authorization will expire, if left blank, form will be valid for 1 year from signed date.
Signature and Date	Patient's or designated representative's signature required.

3. Does the authorization need to be notarized or signed by a witness?

Notarization and/or a witness' signature is sometimes required for court or legal related releases. For all other releases, the patient's or designated representative's signature is sufficient and notarization and/or a witness signature is not required.

4. Who signs the authorization if the patient is a minor?

If the patient is a minor (under the age of 18), a parent or guardian will have to sign the authorization form.

5. Who signs the authorization if the patient is a dependent adult?

If the patient is a dependent adult (dependent on one or more people for support or care), the designated representative can sign the authorization form and should also submit appropriate documentation identifying themselves as the designated representative (e.g., medical (advance) directive, court order, power of attorney).

6. Is a patient's written authorization needed to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient?

In most cases, no. The HIPAA Privacy Rule permits a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's treatment of the individual. If there is a question as to whether or not the physician or provider will treat the patient, please contact the patient.

7. Where should the completed and legible authorization be sent for medical record requests?

Depending on which information/records are being requested, there are several ways and locations to send the authorization form for medical record requests. Please refer to the *Health Information Management Contact Information* document on the CUIMC HIPAA website at www.hipaa.cumc.columbia.edu under the Patient Forms tab.

8. Who can I contact if I have questions?

For questions about the authorization form and medical record releases, please contact our ColumbiaDoctors Health Information Management Office at ColumbiaDoctors-HIM@cumc.columbia.edu or 212-342-3528.

For specific privacy issues, please contact the Privacy Officer at HIPAA@columbia.edu or 212-305-7315.