

HOW TO OBTAIN COPIES OF YOUR MEDICAL RECORD

Please print and follow all directions carefully. Failure to properly complete each section or sign this form may result in a delay in obtaining your records.

Patient Identification: Print your complete name. Include your full address. Telephone number with area code is important in case we need to contact you about any questions or concerns with your release request.

Provider: Who has the information you need? If it is St. Croix Regional Medical Center (SCRMC) simply check whether it is clinic, hospital, or behavioral health information you need. If you are using our form to obtain records from another facility, be sure to include the facility name and complete address. Please include a phone number, if available.

Requestor: Who should the information be sent to? Be sure to give the complete address. If the records are to be directed to a specific doctor or other individual please give his/her complete name. Please include a phone number, if available.

Information Requested: This list contains the most commonly requested items in a medical record which are needed for continuing care. If you are requesting copies of your clinic notes for a clinic change, records from the last 3 years will be sent unless you tell us otherwise. If you are not sure what records are needed, check the "Other" box and write in "all records".

Medical Condition: This box is very important to complete if you only want records from a certain date, visit, or medical condition to be released. If you are unsure of exact dates you may write, for example, "records from car accident in 2001".

Specific Authorization for Release of Information Protected by State/Federal Law: We cannot, by law, release any records relating to substance or alcohol abuse, mental health conditions, or HIV/AIDS related illness without your specific consent. If you want any of these records released you must check the appropriate box. These records will not otherwise be released, even if they are part of your medical record.

Purpose of Release: Since your medical record is also our business record, we need to know why you are requesting copies of your record. It is also state law that we track this information.

Signature: We cannot release your records to you without your signature. We cannot, by law, accept a form with your signature typed in. You must sign for your own records. Your spouse, children, or other individuals may not sign for you unless he/she has power of attorney which gives them this ability.

Return to SCRMC Release of Information:

Fax the completed, signed form to us at: 715-483-0507

Mail: Attention: Release of Information at the address listed on the bottom of the form

Questions: Call the Release of Information Desk at 715-483-0322

There may be a processing fee: The minimum fee is \$10.00 for 1-25 pages. Total cost will depend on the number of pages copied. There is never a fee if records are sent directly to another physician or medical facility.