

Geisinger Instructions to Complete the Authorization to Release Medical

Information Form - A valid HIPAA authorization form requires the following information be documented on the form. Please note Pennsylvania Regulated Fees Apply regardless of format selected.

Patients/Representatives: Carefully read and complete the Authorization to Release Medical Information Form if requesting patient medical information be sent to someone other than the patient or patient's legal representative.

Patient Information: Please fill out blanks in the top right corner of the form. If you don't know your medical record number, make sure patient birthdate and phone number is completed.

Geisinger Entities: Please choose locations you are requesting.

Authorized Recipient: Full name, complete address, phone number, fax number and email address, if applicable are required.

Select the Format: Please select the format of the information: Paper, Fax, Download to Email, or CD

Purpose: Please select a purpose for this request.

Time-Period: Please complete the time frame you are requesting.

Specific Information to Release: If it applies to your request, place an "X" by the items you are requesting. If you are requesting "all" medical record information, please checkmark the box "Other" and specify "all."

Specialty Protected Health Information:

A valid HIPAA authorization form requires the patient or patient's legal representative to initial if requesting specially protected health information and the medical record contains Alcohol/Substance Abuse, Mental Health and/or HIV/AIDS information.

Authorize: Please print your name, sign and date the form. If the patient lacks legal capacity, a legal representative may sign for the patient. Please see details below:

Note:

If the individual signing and authorizing the release of medical information is a guardian, executor of the estate or power of attorney for the patient, a copy of the of the appropriate legal document which proves authority to act on behalf of the patient and their relationship must also be specified. This legal documentation must accompany the Authorization to Release Medical Information Request Form if it is not already scanned into the patient's medical record.

If the patient is deceased, the executor of the estate must write on the Patient Access Request Form "Estate" or "No Estate." If there is no estate, the death certificate must be submitted. The next of kin will need to sign the form. If there is an estate, a copy of the short certificate must be submitted. The executor of the estate is the only one who can sign the form to receive records.

PER HIPAA GUIDELINES, A COPY OF THIS FORM MUST BE RETAINED BY THE PATIENT.

Make a copy of your completed form prior to mailing the original to Geisinger.

Contact Information:

Health Information Management (Medical Records) –
Geisinger System Release of Medical Information Department Call Center
570-271-6319, select option 6 to speak with a release of medical information specialist for assistance.

Submit completed forms to Geisinger Centralized Release of Medical Information Department

Fax completed form(s) to **one** of the following fax numbers.

570-214-9523

570-808-6063

OR

Mail completed form for processing to:

Geisinger Medical Center Attn: Release of Medical Information 100 North Academy Ave. Danville, Pa. 17822-1311	or	Geisinger Wyoming Valley Medical Center Attn: Release of Medical Information 1000 E. Mountain Drive Wilkes-Barre, Pa. 18711-3845
Primary Care Physician Records May be requested directly from your care site.		

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