

Geisinger Instructions to Complete the Patient Right of Access Form - Please note that a patient access fee may be charged for providing records.

Patients/Representatives: Carefully read and complete the Patient Right of Access Form. Make sure you date and sign the form.

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 your birthdate is listed.

Location: Please choose the Geisinger clinic or hospital locations you are requesting your information.

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

Specific Information to Release:

If it applies to your request, place an "X" by the items you are requesting.

Recipient: Full name, complete address, and phone number is required.

Select the Format:

Please select the format of the information: MyChart, paper, or electronic format.

Authorize:

Please print your name, sign and date the form. If the patient lacks legal capacity or is unable to sign, an authorized representative may sign for the patient. Please see details below:

Note:

the individual signing the patient right of access form is a guardian, executor of the estate or power of attorney for the patient, that person must submit a copy of the appropriate legal document which proves authority to act on behalf of the patient. The relationship must also be specified. This documentation must accompany the Patient Access 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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