



INSTRUCTIONS FOR COMPLETING

THE AUTHORIZATION TO REQUEST HEALTH INFORMATION FORM

Below are instructions on how to request medical records by completing an *Authorization to Request Health Information* form.

1. Write in **Patient Name, Date of Birth and Medical Record number**.
2. At "**Requested M.D. /or Hospital**", please circle "**Hospital**".
3. Write in **Name and Address** of the person who will be receiving the medical records.
4. At "**For the purpose of treatment**", write the reason for requesting the medical records. For example, are the records for personal reasons, continued care, litigation, or for an insurance claim?
5. At "**Information to be disclosed**", check mark all types of records that are needed. If the type of record needed is not listed, check mark "**Other**" and write record type that is needed. To request a CD of X-ray images, please write the word **films or images** in "**Other**". If this is not specified, X-ray reports will be provided instead of a CD.
6. At "**Covering the period(s) of healthcare**", write the dates of service of medical records needed. For example, if records are needed for services performed on January 11, 2015 through March 1, 2015, write **from (date) 1/12/2015 to (date) 3/1/2015**.
7. At "**I authorize that...**" check mark "**yes**" and initial if any of the sensitive information listed is needed.
8. Provide a date for the authorization to expire in the paragraph beginning with "**I understand...**" If a date is not is not provided, the authorization will expire in 6 months.
9. At "**Please mail the copies...**" check mark where medical records are to be mailed. After payment has been received, the patient can request to be called when records are ready for pick up. Medical records can be mailed to a non-UNMH location via U.S. Postal Service if requested. Medical records cannot be **E-mailed**.
10. At the bottom of the form, the patient must **Sign**, add a **Relationship to patient** and **Date**.

Please fax completed form to: 505-272-0468 or 505-272-1879. To request X-ray images on CD fax request to: 505-272-6608. Completed forms can also be mailed to:

UNM Hospital
Attn: Medical Records
2211 Lomas Blvd. N.E.
Albuquerque, NM 87106

For questions contact:

Michelle Martinez BSc, RHIT, CCS
Phone: 505-272-1368
Supervisor of Health Information
UNM Hospital/ Medical Records

Requests are on a first in first out basis and there is a 30 day processing time frame.

The cost of the medical records is determined by the number of pages copied and the number of times a patient has requested medical records. If applicable, an invoice will be provided. Once payment is received, medical records will be released.

- Medical records on CD - \$9.00
- X-ray films on CD - \$10.00 per CD

Cash, check or credit card is accepted. Please make checks payable to UNM Hospital.

The patient will be notified when records are ready for pick up. The records can also be mailed via the U.S. Postal Service.