Release of Information Form Completion Instructions

1. In section (a), print clients First and Last name and then clients Date of Birth (D.O.B) in the appropriate fields.

2. In section (b), check any and all boxes that apply to the ROI (note: if staff will be communicating with the listed provider via encrypted email, check BOTH the middle and bottom boxes. Staff are not to communicate with clients via encrypted email – see Encrypted Email with Providers clinical protocol in the manuals):
   a. The top box will allow Greater Lakes to ONLY release and obtain VERBAL information about you. For example: it would allow Greater Lakes to talk directly or by phone to your family member or friend. **No copies of records or written documentation would be disclosed if you check this box.**
   b. The middle box allows Greater Lakes to make a copy of the your Greater Lakes clinical records and give the records to you or to the person/facility or entity indicated on the ROI - **To Send Copies of GL records, check this box.**
   c. The bottom box allows the person/facility or entity listed in Section (b) to send their information to Greater Lakes – **To request copies FROM another provider, check this box.**

3. If you are checking BOTH the middle and bottom boxes in section (b), complete the “Staff Action” box at the top right hand corner of the form. By completing this box, you tell Medical Records what you would like done with the ROI form.
   a. If Medical Records is to just scan the ROI into the clients chart and do nothing at this time, check the “Scan only – take no action at this time” box.
   b. If you want Medical Records to send copies of the client’s records to another provider or give a copy of the records to the client, check the “Send GL Records” box.
   c. If you want Medical Records to request that another provider send us copies of their records, check the “Request Records” box.
   d. If you want Medical Records to send copies of GL records to a PCP (or listed health provider) AND also request records from the PCP (or listed health provider), check both the “Send” and “Request” records boxes.
   e. If you do not check any boxes in the Staff Action box, the ROI will be scanned without records being requested or sent.

4. In section (c), check all types of documents/information that is allowed to be talked about, released or requested.

5. In section (d), you may write in specific types of information that they DO NOT authorize to be talked about, released or requested (example: Substance Use, HIV/STDs)

6. In section (e), review the expiration statement. If the you choose to select a different expiration date, write it on the blank line.

7. In section (f), unless the reason for releasing the information is other than “Continuity of Care,” select the appropriate box specifying the reason for the disclosure.

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8. Review section (g) - HIPAA rights.

9. In section (h), sign and dates the form. If the person signing the form is **NOT** the client or the client is 12 years old or younger, the legal representative is to complete section (i) instead.

10. In section (i) the legal representative signs their name and dates the form. They are to write in their relationship to the client in the space provided. *(NOTE: A copy of the Power of Attorney, Court Appointed Guardianship, or other guardianship documents that stipulate authority to authorize the release of health information, must be submitted with the Release of Information form, otherwise it will not be processed).*

11. When the release is received by Medical Records it will be processed and by law Medical Records has 14 business days to send records out.