

## Release of Information Form Completion Instructions

1. In section: **Patient Information**, print clients First and Last name and then clients Date of Birth (D.O.B) in the appropriate fields, any additional information completed in available fields is helpful. Must have at least two identifiers.
2. In section: **Release Format**, check all that apply for preferences of delivery. IF VERBAL/ORAL discussions is, the only thing checked this would be considered as our traditional "VERBAL ONLY". For example: it would allow Greater Lakes to talk directly or by phone to a client's family member or friend. **PLEASE NOTE**, something **MUST** checked in the "type of information that may be disclosed" section for us to speak/send/request any clinical information. The ROI is invalid if nothing is checked in that section and we would not be able to speak to anything regarding client.
3. If you are authorizing **mutual exchange of information**, meaning whom you are requesting AND whom you are giving us permission to receive information. This allows you to sign one ROI for information and conversation to go back and forth between the two providers/organizations.
4. In section: **Information to be released from: WHO is releasing** information?
  - a. Marking the box for Greater Lakes to disclose or send out information. A specific GL program name and contact information can be written here.
  - b. When records are needed from a Greater Lakes provider, such as another hospital, doctor, school, attorney, probation office etc. Then write that Name/Organization and contact information in this area. We also ask that you include as much information as possible to help us request to the appropriate location.

**\*PLEASE NOTE: that client must check ALL boxes that apply to the ROI request for us to send any clinical record.**

5. In section: **Information may be released to: WHO** will be receiving the information?
  - a. Write the Name/Organization and contact information of who is to receive the GL records/information. We also ask that you include as much information as possible to help us request to the appropriate location.
  - b. If GL is to receive the records/information from someone/somewhere else, then write in Greater Lakes, which program and contact information.

**\*PLEASE NOTE: that client must check ALL boxes that apply to the ROI request for us to request any clinical record.**

6. In section: **Purpose of Release**, unless the reason for releasing the information is other than "Continuity of Care," select the appropriate box specifying the reason for the disclosure.
7. In section: **Select type (s) of information that may be disclosed**, check all types of documents/information that is requested to be discussed, released or requested. NOTE: if client is receiving both SUD/MH, check all that apply for both services client is receiving. If there is a specific date range, this section is where you would specify. If only specific information is requested to be shared verbally, here is where you may address that.
8. In section: **Special information**, the client **must initial** (preferred over check mark) the appropriate line for the specific types of information that they DO or DO NOT authorize to be talked about, released or requested (example: Substance Use, HIV/STDs, MH). Check all that apply. **NOTE: If this section is NOT COMPLETED, records will NOT BE RELEASED and ROI would be INVALID.**
- 9.8. In section: **Authorization to Release Health Information** - Review section - HIPAA rights.

10. 9. In section: **Expiration**, review the expiration statement. If the client chooses to select a different expiration date, write it on the blank line. (Ex: At the end of my \_\_\_\_\_ (MH, SUD) services)
11. 10. In section: **Signature**, the client signs 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 instead. IF the legal authority is the correct person to complete form, he/she is to sign their name and dates the form. They are to write in their relationship to the client in the space provided.
12. **(NOTE: A copy of the Power of Attorney for Health Care, 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).**
13. . In section: **Revocation**, review section and follow instructions for appropriate process.
14. In section: **Consent for Minors**, review section and assist client in following age requirement.
15. In section: **Multicare Use Only**, nothing for you to complete.

\*\*\*All completed Release of Information forms and legal guardianship documents are to be routed to Medical Records for processing. All requests for information (to send or receive information) is to be completed by Medical Records.

**\*\*Please allow up to ten (10) days for processing Release of Information request**

**IMPORTANT TIPS TO REMEMBER:**

\*Sections 1-6 needs to be complete with as much information as possible. Client Name....we have a ton of Smiths, Johnsons and EPIC is a huge database, DOB is a must or we will mark invalid, we cannot assume who client is without at least two identifiers. IF you are requesting mutual exchange of information, please make sure you initial in the line provided above the requesting information in that section. We need more than a name of Dr. Smith. Again, where this office/clinic is located helps us narrow down request. EX: Dr. Smith, CHC – parkland clinic. We can find fax/address from there.

**\*Section 7 and 8 – Type of information/Special information – IS A MUST, ROI is INVALID if blank!**

**\*ROI MUST be signed by client**, to include signature for minor (12 and under) – EX: Foster parent/ guardian/ aunt/ uncle/other relative/friend cannot sign for client, unless ROI is accompanied with legal documents supporting this. ROI will be marked invalid if there is no documentation.