



## Instructions for Completing the Authorization for Release of Information Form

If you have any questions, please call the HIM Department at 919-684-1700.

Please read the following for help completing the Authorization.

### PART A: PATIENT INFORMATION

This section applies to the person whose information or records is being requested.

1. Write the patient's full name, phone number, e-mail address, and mailing address.
2. Write the patient's date of birth, last four digits of social security number, and medical record number.

### PART B: PERSON OR COMPANY WHO WILL RECEIVE INFORMATION

Complete this section so we know where to send the information or records.

3. If you are the patient and are requesting the records be sent to you, select "Self."
4. If the records should be sent to another person or company, write the full name and address of the person or company where we should send the information or records. You must be specific. General terms like "my son" or "my daughter" will not be accepted.

### PART C: INFORMATION THAT CAN BE RELEASED

This section tells us what information or records you would like us to release.

5. For an abstract or summary of your records, check the first box.
6. For specific records, check the boxes in the second and third columns that apply to you.
7. For all of your medical records, except billing and radiology images, select "Entire Record." You must specifically select "Billing Records" and "Radiology Images" to receive those records.
8. Check the box where the treatment occurred. If you are unsure, or want records from all treatment locations, check "All Duke Health Enterprise Entities."
  - Note, if you select one of the hospital locations, we will also release your records from the clinics located at that hospital.
9. Write the date range for the requested records. If you want all dates, check "All Treatment Dates."

### PART D: PURPOSE OF REQUEST

10. Check the box that provides the reason you want the information or records.

### PART E: FORMAT AND DELIVERY OF INFORMATION

This section tells us how to send the information or records.

11. If you want an electronic or paper copy of the records, check the box in the first column that applies.
  - MyChart – Depending on size, records can be uploaded directly to your MyChart account.
  - Encrypted Email – Depending on size, a PDF copy of the records can be securely emailed to you.
  - Thumb Drive/CD – A PDF copy of the records can be put on a thumb drive or CD and mailed to you.
  - Fax – We can only fax records to your other health care providers.

The image shows a form titled "DukeHealth AUTHORIZATION FOR RELEASE OF INFORMATION". The form is divided into several sections, each with numbered callouts (1-18) pointing to specific fields or instructions. The sections are: PART A: PATIENT INFORMATION (1-3), PART B: PERSON OR COMPANY WHO WILL RECEIVE INFORMATION (4), PART C: INFORMATION TO BE RELEASED (5-9), PART D: PURPOSE OF REQUEST (10), PART E: FORMAT AND DELIVERY OF INFORMATION (11-13), PART F: REVIEW AND APPROVAL (14-15), and PART G: REPRESENTATIVE (16-18). The form includes fields for patient name, address, date of birth, SS#, medical record number, recipient name and address, treatment location, treatment date, purpose of request, format and delivery method, and signature fields for patient and representative. It also contains a section for review and approval with checkboxes for mental and behavioral health, substance use disorder, and genetic testing. The form concludes with a section for representative information and a footer with contact information for Duke University Hospital.

SEND COMPLETED FORM TO: [ROI-requestor3@dm.duke.edu](mailto:ROI-requestor3@dm.duke.edu); Fax: 919-620-5165 OR  
Duke University Hospital - HIM P.O. Box 3016 Durham, NC 27710; For Questions Call: 919-684-1700



12. If you want to authorize Duke Health to discuss the requested information with you or another person/entity verbally, select the “Oral Communication” box in this column.
13. Check the box in the third column to tell us how we should provide the records.
  - Electronic – Depending on what format you selected to receive the records, and depending on size, the records can be uploaded to your MyChart account or emailed to you. If you select “e-mail,” the records will be emailed to the e-mail address provided under Part B.
  - Mail – If you want the records on a thumb drive, CD, or in paper format, the records can be mailed to you. If you select “mail,” the records will be mailed to the address provided under Part B.
  - In Person Pick Up – If you want the records on a thumb drive, CD, or in paper format, the records can be picked up in person at Duke University Hospital – Duke South Red Zone, Office #04255. Please specify the name of the person who will be picking up the records.

#### **PART F: REVIEW AND APPROVAL**

14. Your records may include reference to sensitive types of information. In addition, some records have been marked as sensitive by Duke Health and will not be released without your approval. If you wish to approve the release of information that has been marked as sensitive, check the box(es) that apply to you.
15. If you would like for the Authorization to expire on a specific date or following a specific event, please write the date or event at the bottom of Part F. If no date or event is provided, the Authorization will automatically expire one year from the signature date in Part F.
16. **Sign your name, print your name, and put the date on the form.** Your name and signature must match the information in Part A. **If you are signing the form on behalf of another person, you must complete Part G.**

#### **PART G: REPRESENTATIVE**

If someone other than the patient is signing the Authorization, the person **must** complete Part G.

17. Print your full name, write your relationship to the patient, and write your phone number.
18. You must also provide us with a copy of the legal document showing us that you are authorized to sign the Authorization and include the document when submitting this form.

Some examples of legal documents may include:

- Health Care, General, or Durable Power of Attorney – This document gives someone you trust the legal power to act on your behalf and to make health care decisions for you. Often, a power of attorney is contingent on the occurrence of an event (such as the incapacity of the patient). Make sure to provide documents that show that the triggering event has occurred.
- Legal Guardianship – This is established by a court who will appoint someone to care for another person.
- Executor of Estate – This type of document would be used when the person who is being represented has died.
- Next of Kin – Where an individual has died without a will, you may submit a next of kin affidavit to establish that the patient died intestacy (without a will) and that you are the next of kin. You will also need to submit a death certificate with the affidavit.

**Mail, E-mail, or Fax a copy of the Authorization to the following address:**

**Mail:** Duke University Hospital – HIM P.O. Box 3016 Durham, NC 27710

**E-mail:** [ROI-requestor3@dm.duke.edu](mailto:ROI-requestor3@dm.duke.edu)

**Fax:** 919-620-5165

**Call:** 919-684-1700