



HAVENWYCK HOSPITAL

Dear Requestor,

Enclosed is the 'Authorization to Release Information' form as requested. Please complete this form in its entirety and be as specific as possible.

Your request will be processed by our copy service, Midwest ROI, after completion of the medical record and proper authorization is received. Please note, it may take up to 30 calendar days to complete the request, although you may receive it sooner.

If the patient is a minor or if the patient has a legal guardian, the legal parent or guardian must fill out and sign the form. Please attach the guardianship papers and a copy of your picture identification card.

If the record is being mailed to a physician, hospital, school or follow-up treatment there is no fee. **However there is a fee if the information is going directly to the patient, parent. Legal guardian or attorney.** Please request only what you are willing to pay for.

\$ 23.71 - Initial Fee (Not for patients)

\$ 1.19 - for the first 20 pages

\$.60 - per page for 21-50 pages

\$.23 - per page over 51 pages

One free copy of medical records can be obtained at no cost with proof of indigence such as a copy of a Bridge card or a DHS form proving indigent status.

Make sure the patient's name and date of birth is complete. Be sure to provide the complete address and/or fax number of the person or facility where the records will be disclosed or sent.

Feel free to contact the Health Information Management Department at (248) 377-2530 **Monday-Friday, 9:00 a.m. to 4:30 p.m. if you have any questions or concerns.**

Sincerely,

Release of Information Team

(248) 377-2530

(248) 475-9867 – Fax

1525 University Drive, Auburn Hills, MI 48236

Phone - 248-377-2530

Fax- 248-475-9867



Things you need to know if you request Havenwyck Hospital medical records

1. Currently, all Havenwyck Hospital medical records are **not** electronic – they are all in paper.
2. Before record requests can be processed, a valid release of information form (that follows strict behavioral health-compliant protection guidelines concerning mental health) must be properly signed by the patient or his representative and provided to us.
3. After a patient leaves the hospital, the Health Information Management (Medical Records) Department must have time (up to 30 calendar days) to get all of that patient’s record completed.
4. Older records (prior to January, 2020) are stored off-site and require some time to be returned to the hospital.
5. The hospital uses a special service to copy your medical records; they are allowed up to 30 calendar days to process requests.
6. Requested medical records cannot be emailed.
7. Depending on the reason for requesting medical records, you may need to pay the service to process medical record information.

If you need more information about Havenwyck Hospital’s release of medical information process, please contact the Health Information Management Department **248-377-2530**.



HAVENWYCK HOSPITAL

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Social Security #: _____ Date(s) of Treatment: From _____ To _____

I hereby freely and voluntarily authorize Havenwyck Hospital to:

- Release/disclose my Protected Health Information to:
- Obtain my Protected Health Information from:

(Individual, Facility or Organization)	(Phone Number)
(Address)	(Fax Number)
(City, State, Zip)	

The purpose of this disclosure is for:

- Insurance Educational placement Legal reasons Medical treatment
- Discharge planning Continued treatment Patient Progress updates
- Other (explain) _____

Information to be used or disclosed:

- Discharge Summary Psychiatric Evaluation Mental Status History & Physical
- Psychological Testing Treatment plan(s) Lab/X-ray results Progress Report
- Verification Letter Psychosocial Assessment Physician's Orders Substance Abuse Tx
- Aftercare Plan Other (explain) _____

- I understand that my medical records may contain information regarding testing, drug, and/or alcohol diagnosis and treatment; behavioral and/or mental health services and treatment; a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, or the human immunodeficiency virus, also known as acquired immune deficiency syndrome (AIDS) and/or tuberculosis.
- I understand that such information is confidential and is protected by federal law.
- I understand that the provision of health care treatment to me cannot be conditional upon my agreement to sign an authorization for the discloser or use of my health information for purposes other than for treatment, payment and healthcare operations.
- I understand that the potential exists for health information that is released with my authorization to be re-disclosed by the recipient, and to be no longer protected by the Federal HIPAA law.
- I understand that I have the right to revoke this authorization at any time by giving written notice to Havenwyck Hospital Privacy Officer, except to the extent that action has already been taken in reliance on it.
- This authorization will expire 60 days following signature date unless another date or condition is specified.
- Other date or condition: _____

(Patient signature) _____ (Date) _____

(Guardian or Representative) _____ (Relationship to Patient) _____ (Date) _____

(Witness) _____ (Date) _____

Drug and alcohol records are protected by Federal confidentiality ruling (42 CRF part 2) and require written consent to disclose this information unless otherwise permitted by 42 CRF part 2. Further disclosure is prohibited without written consent by the person to whom the information pertains unless otherwise permitted by the law. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient

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