

Charlotte Gastroenterology & Hepatology
13808 Professional Center Drive
Huntersville, N.C. 28078
Phone: (704) 377-4009
Fax: (704) 375-6970

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print **patient's** full name)

Birth date (Mo/Day/Yr)

(Street address)

Phone (Home)

(City, state, zip code)

At the request of the individual, I _____, do hereby authorize the release of:
(Patients name)

DISCHARGE SUMMARY

HISTORY & PHYSICAL

PROGRESS NOTES

OPERATIVE NOTES

PATHOLOGY REPORTS

LABORATORY REPORTS

RADIOLOGY REPORTS

ECG/EEG/CARDIC CATH

EMERGENCY REPORTS

OTHER _____

_____ I do _____ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASE TO:

Name of Company/Agency/Facility/Person

Phone:

Street address

Fax:

City, state, zip

PURPOSE OF DISCLOSURE:

REFERRAL TO SPECIALIST

LEGAL INVESTIGATION

INSURANCE

DISABILITY DETERMINATION

WORKERS COMP _____ CHANGE OF DOCTOR

PERSONAL OTHER _____

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

**Signature of individual or guardian or
Personal Representative of patient's estate**

Date

NOTE: CIOX Health has been contracted to provide the service of processing medical records request. Fees will apply (Please see attached pricing guide). Prices are subject to change without notice. For further information on pricing, please contact CIOX Health at 1-800-367-1500.

MEDICAL INFORMATION RELEASED BY CIOX Health

Entire _____ X-Ray / MRI _____ Pathology _____
HP _____ EKG / Echo _____
Lab _____ Immunizations _____ OTHER _____

ROI SPECIALIST

DATE



Information About Your Medical Record Request

Dear Patient,

This facility has partnered with CIOX Health, the nation’s largest provider of release of medical information services, to process and fulfill your request for a copy of your medical record.

A CIOX Health client services representative digitally captures your protected health information from the facility’s medical record through our confidential, secure technology platform. Your medical record information is then digitally transmitted to our Release of Information Processing Center, where it is packaged and mailed or electronically delivered to you, via our eDelivery functionality, all in a HIPAA-compliant format.

Due to the strict procedural and highly regulated steps involved in this process, known as the release of information process, there are costs associated and, therefore, a fee is charged for this service. The fee charged is detailed below:

	Produced\Requested Medium and Cost	
Format of Original Patient Record	Cost for delivery in electronic format (CD/USB/download or portal):	Cost for record delivered in Paper
Electronic or Hybrid (part electronic part paper)	<ul style="list-style-type: none"> • \$6.50 flat fee for electronic portion • Plus, if applicable, \$0.07 per page for CIOX Health’s labor cost to create and deliver the portion of record maintained in paper • plus sales tax as applicable 	<ul style="list-style-type: none"> • \$0.07 for CIOX Health’s labor cost to create and deliver the portion of record maintained in paper • Plus, if applicable, the lower of cost under state regulated patient rates or \$0.90 for CIOX Health’s average labor cost to create and deliver the portion of record maintained electronically • Plus \$0.05 per page for supplies (paper and toner) • Plus actual postage if mailed • plus sales tax as applicable
Paper	<ul style="list-style-type: none"> • \$0.07 per page for CIOX Health’s labor cost to create and deliver the portion of record maintained in paper Plus actual postage if mailed • plus sales tax as applicable 	<ul style="list-style-type: none"> • \$0.07 per page for CIOX Health’s labor cost to create and deliver the portion of record maintained in paper • Plus \$0.05 per page for supplies (paper and toner) • Plus actual postage if mailed • plus sales tax as applicable

While CIOX Health is under contract with this facility to provide release of information services, we are also committed to providing you with your requested medical record in an efficient and highly secure manner. We want to make sure you understand the process in which your records are provided and the costs associated with obtaining them.

Please don’t hesitate to contact us at 800.367.1500 if you have any questions about the services CIOX Health provides on the facility’s behalf, or about the bill you may receive as a result of your request for medical records.

Thank you,

CIOX Health



The fee should be remitted to CIOX Health as directed on the invoice you receive. Payment can be accepted in the following forms:



Checks are also acceptable and should be made payable to CIOX Health. Patients may also pay for their invoices online at www.healthportpay.com