How to fill out Release of Medical Information Form

All fields must be complete to ensure timely process of records. We will *not* be able to send records or request records if the form is incomplete.

Below are the directions for completion of our Release of Information form:

Patient Information Section:
- Complete the entire section with the patient's demographic information, parent information for whom to contact with questions and an e-mail address if you would like the records e-mailed.

A) I hereby authorize records FROM:
- Fill in who you are requesting the records to be released from.
- If you are unsure of the address, phone number or fax number, please look up the information to ensure this portion is filled out completely.

B) To be released TO:
- Fill in who you are requesting the records to be sent to.
- If you are unsure of the address, phone number or fax number, please look up the information to ensure this portion is filled out completely.

C) For the purpose of:
- This is to identify the purpose of why you need a copy of the record. It also informs DataFile Technologies who may be responsible for the cost of the records when appropriate.
- **Outlined Box for date range and type of records:**
    - Please enter the date range requested for release of records.
        - If you are transferring all records, the last 2 years of records are what is sent.
    - Check the boxes to indicate what health information you are requesting to be released.
    - If there is a specific illness, injury or diagnosis you are requesting, make sure it is listed under "other."

Signature of Parent/Guardian or Patient
- The parent/guardian or patient must sign the ROI form before DataFile Technologies can process their request.
- If the patient is 18 years of age or older they are required to sign and date.
- You can also enter a specific expiration date in this section. The authorization will expire one year from the signed date unless noted otherwise.