Document Type: Requests for ROI
Subject: Requests for ROI

ROI001

METHODIST

ALL AFFILIATES OF METHODIST HEALTH SYSTEM

Patient Authorization for Disclosure of Health Information

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip:_____

Phone: _____ Previous/Maiden Name: _____

I authorize the disclosure/release of my information (Request must have complete addresses):

To: Name _____
Address_____
City/State/Zip_____
Phone/Fax_____/_____

From: Name_____
Address_____
City/State/Zip_____
Phone/Fax_____/_____

☐ **Above is an NMHS Employee:** Electronic access to all NMHS health records by employed family member named above. Employees are also encouraged to sign up for Methodist My Care. Methodist My Care is a secure online portal that can help you manage health information, visit methodistmycare.org.

Please fax form to 402-354-8790 for employee access only.

Information to be disclosed/released: Date(s) of service requested: From _____ (date) to _____ (date).

- ☐ Abstract (discharge summary, history and physical, operative reports, consultations and test results)
- ☐ Discharge Summary
- ☐ Laboratory/Pathology Reports
- ☐ Radiology:
  - ☐ Reports
  - ☐ Images (CD only)
- ☐ Other_____
- ☐ Entire Medical Record (does not include substance use disorder records)
- ☐ Mental/Behavioral Health Records (excluding psychotherapy notes)
- ☐ Sexually Transmitted Disease Records (including HIV/AIDS)
- ☐ Physical/Occupational Therapy
- ☐ Immunization Records
- ☐ Substance Use Disorder Records
  - ☐ All
  - ☐ Only the following substance use disorder records: _____
- ☐ Medication List
- ☐ Emergency Department Records
- ☐ Billing Records
- ☐ Employee Health Records

The purpose of releasing or obtaining the above information is:

☐ Continuity of Care ☐ Insurance/Billing ☐ Legal ☐ Personal ☐ Other:_____

Disclosure Format and Delivery Method:

☐ Electronic via Encrypted Email: _____
☐ CD and/or ☐ Paper ☐ Other:_____
☐ Please Mail OR
☐ I will pick up at: ☐ Methodist Hospital ☐ Methodist Women's Hospital ☐ Methodist Fremont Health
☐ Methodist Jennie Edmundson Hospital ☐ Methodist Hospital Community Counseling Program

By signing this Authorization form, I understand that:

- Requests for copies of medical records are subject to reproduction fees in accordance with federal/state regulations.
- I have the right to revoke this authorization at any time, except where an affiliate of NMHS has already acted in reliance on your authorization. Revocation must be made in writing to the health information management department of the releasing entity. The address can be found on page 2 (on the back) of this form.
- Unless otherwise revoked, this authorization remains valid until its expiration date or event, but not greater than one (1) year. Event Date:_____
- Treatment, payment, enrollment or eligibility for benefits may not be conditioned on whether I sign this authorization.
- Any disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
- Information disclosed may contain information about alcohol/drug abuse, mental/behavioral health, sexually transmitted diseases, AIDS, HIV, or self-paid services.

Prohibition on Re-Disclosure of Substance Use Disorder Records: Substance Use Disorder records are protected by Federal law. 42 CFR Part 2 prohibits unauthorized disclosure of these records. Upon my request, I have the right to receive a list of entities that have received my substance use disorder information.

_____ _____
Patient or Authorized Representative Signature Printed Name

_____ _____
Date Relationship to Patient (if applicable)

PERMANENT PART OF MEDICAL RECORD

RELEASEOFINFO
Rev. 2/2022

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Please allow a minimum of 72 hours or three business days to process after the written request is received.

Requesters will be contacted for additional information if forms are incomplete.

Methodist Health System
Release of Information Department
8303 Dodge Street
Omaha, NE 68114

Hours of Operation: Monday – Friday 8am-4:30pm
Phone# 402-354-4660
Fax# 402-354-1350
NMHS.ROI@NMHS.org*

Methodist Health Systems Locations for Pickup

Nebraska Methodist Hospital
8303 Dodge Street
Omaha, NE 68114

Methodist Fremont Health
450 E. 23rd Street
Fremont, NE 68025

Methodist Women's Hospital
707 N. 190th Plaza
Elkhorn, NE 68022

Methodist Jennie Edmundson
933 E. Pierce Street
Council Bluffs, IA 51503

Methodist Hospital Community Counseling Program
9239 W. Center Road
Omaha, NE 68114

* Communications sent by email over the internet are not secure. There is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Methodist Staff Use Only:

☐ HIM to release records
☐ Records Released

Date Received: _____ Location: _____

MRN: _____ Pg. Count: _____

FIN#: _____ Released By: _____

Printed By: _____ Released Date: _____

☐ Drivers License ☐ Patient ID Band ☐ Work ID Badge ☐ Law Enforcement ☐ Other_____