

Instructions for Completing the “Authorization to Disclose Protected Health Information” Form

To request and obtain copy(ies) of your medical records, contact us Monday through Friday, from 8:00 a.m. to 5:00 p.m. via:

Phone: 214-645-3030 (option 1, option 1)

Email: medical.records@utsouthwestern.edu

Fax: 214-645-9141

Mail: Health Information Management
Attention: Release of Information
5323 Harry Hines Boulevard, Mail Code 8525
Dallas, Texas 75390-8525

In Person (valid government-issued photo ID required):
Health Information Management
Release of Information
6333 Forest Park Road, Suite BLA.106
Dallas, Texas 75235

Website: <https://utswmed.org/patient-resources/medical-records/>

UT Southwestern Medical Center (UTSW) is committed to protecting the privacy of your medical information. In order for us to disclose your medical information, you will need to complete, hand sign and submit the “Authorization to Disclose Protected Health Information (PHI)” form. Please keep a copy of your completed authorization form for your records. A printable version of the authorization form (English and Spanish) can be accessed on our website, along with additional information concerning the disclosure of your medical records. Please note there is processing time to fulfill your request and fees may be applicable per the Texas state guidelines.

Requesting Your Medical Records

Please follow the instructions below carefully when completing the attached authorization form to avoid any delays processing your request. Please write legibly, complete it in its entirety, along with your handwritten signature, and ensure to send back both pages. Electronic signatures are not accepted.

Sending Medical Records to another physician or healthcare facility: You may complete this form, or have your physician’s office fax (on their fax coversheet or office letterhead) or email a written request addressed to UT Southwestern including your name and date of birth, type of records needed and appointment date with their complete office contact information. UTSW-physician-to-UTSW-physician referrals do not require an authorization. There is no fee to send your medical records directly to another physician or healthcare facility for patient care and treatment purposes.

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1. **Top right hand corner:** Provide your name, if applicable other name(s) used, address, date of birth (DOB), phone number, and an email address.
2. **Patient Notice:**
 - A. Fill in the bubble(s) that best describes the purpose of your request.
 - B. Let us know to whom and where your requested records should be sent by providing the name/facility name, attention to, address, city, state, zip code, phone number, email address and fax number. Please note that only the person/facility you indicate in this section can receive your records. A valid government-issued photo ID (ex: valid driver’s license or passport) is required for proof of identity.
 - If you are requesting your own records, write your name and address information in this section. If you are requesting them to be sent to someone else (ex: family member, physician, insurance company, attorney, employer, or whomever you authorize us to disclose to) then you would insert their complete information in this section.
 - If you are requesting that we fax the records, please list both the fax number and phone number. It is important for us to have the phone number in order to confirm the fax number and receipt of the information sent.
 - C. Specify format of records needed, electronic or paper format. Costs may vary based on selection.
 - D. Indicate your preference of delivery method for your medical records. Your records will be placed on a CD automatically unless you request differently. Costs may vary based on selection.
3. **Section 1 – General Medical Records:**
Please fill in the appropriate bubble(s) and indicate what time period and/or UTSW physician, clinic, facility name(s).

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4. Section 2 – Imaging/Radiology Records:
 - A. Fill in the appropriate bubble(s) and indicate type of image(s).
 - B. Indicate if you want reports only, images only, or images and reports.
 - C. Fill in the appropriate bubble(s) and indicate the time period of records being requested.
 - D. List the physician who ordered the image and/or treated you (optional).
 - E. Specify format of records needed, electronic or paper format. Costs may vary based on selection.
 - F. Indicate your preference of delivery method for your medical records. Your records will be placed on a CD automatically unless you request differently. Costs may vary based on selection.

5. Section 3 – Genetics, Psychiatry/Behavioral Health and Research Records: Due to the sensitivity of these records, you must specifically authorize the disclosure of this information by filling in the appropriate bubble(s) to indicate what period of time and/or UTSW physician, clinic and facility name.

6. Section 4 – Student Health Record: Due to the sensitivity of these records, you must specifically authorize the disclosure of this information by filling in the appropriate bubble(s) to indicate what period of time and/or UTSW physician, clinic and facility name.

7. Patient Acknowledgement: Please read and review all the information in this section as it pertains to your rights relative to the disclosure of your information. Please print, acknowledge by hand signing and dating the form (electronic signatures are not accepted). Note: Substance abuse treatment records are not part of the medical record and do require an additional authorization.

Legal Representative: Any individual other than the patient signing the authorization form is required to present legal documentation verifying their designation as the Legal Guardian, Executor of the Estate, Medical Power of Attorney, and/or next of kin. For deceased patients, a death certificate is required. This documentation must accompany the authorization form.

Patient Request Fees:

In addition to the authorization form, please be advised that the fees noted below will be required prior to releasing the records. Please contact our department to make a credit card payment, 214-645-3030 (option 1, option1), or mail a check or money order payable to “UT Southwestern Medical Center” to the above address. There is no fee to receive your records via electronic format if you are in the armed services, a veteran (valid government-issued photo ID required) or an employee of UT Southwestern Medical Center (employee badge required).

Patient Request Fees

<u>Electronic Copy</u>	<u>Paper Copy</u>		<u>Radiology Images</u>	
\$6.50 flat fee	Pages 1-10	\$6.50	First copy	No Fee
(Records burned to CD, sent via electronic file portal, or uploaded to MyChart Patient Portal)	Pages 11-20	\$25.00	Additional copies	\$6.50
	Additional pages	\$0.50 each	(Images burned to CD, sent via electronic file portal, or LifelImage) *Images cannot be sent via MyChart Patient Portal	
Processing and shipping fees may apply.				

NOTE: For third-party disclosures, medical records fees are applicable as per Texas state guidelines. Mailing and shipping costs are additional.