Patient Records Request Form

To activate the Patient Records Request, the patient must do the following:

1. Complete this form and have signature notarized. This can be sent to HealtheConnections using USPS mail, fax to 1-315-407-0053 or via email to support@healtheconnections.org.
2. Make an appointment with a Compliance Officer or Manager at HealtheConnections to be seen at the HealtheConnections office. To make an appointment, email support@healtheconnections.org or call 315-671-2241 extension 5 to schedule. During their appointment they will need to provide a Photo ID and complete the form to request a Patient Records Request.

All fields are required.

Patient Information

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email Address: _____

Request for Health Records (Use a separate sheet if you need to list additional recipients or specific instructions.)

Send Records to the Following:

__ Patient (listed above)

__ Additional Recipient (provide information below)

Name: _____ Email: _____

Address: _____

Delivery Preference:

__ Electronic Copy (PDF by email) __ Electronic Copy (Specify:_____) __ Mailed Copy

What's Included:

Your health records may contain information such as past illnesses or injuries (e.g., diabetes, broken bone), test results (e.g., X-rays, blood tests), and lists of medications you have taken. These records may also include sensitive health information.

Do you want to exclude any of the following: (If yes, check all that apply. If no, leave blank.) *

__ Alcohol/drug use problems __ Birth control/abortion (family planning) __ HIV/AIDS

__ Genetic (inherited) diseases/tests __ Sexually Transmitted diseases __ Mental Health conditions

__ Other (please specify, for example: indicate a specific provider to exclude): _____

I understand that once health information is disclosed pursuant to this authorization, it may be re-disclosed and may no longer be protected by privacy laws. HealtheConnections, Inc. is released from all legal responsibilities which may arise from the release of requested information.

Patient Signature: _____ Date: _____

For Notary Public Use Only

State of _____ *County of* _____

On the _____ *day of* _____ *in the year* _____ *before me, the undersigned, personally appeared* _____, *personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.*

Notary Public Printed Name: _____

Notary Public Signature: _____ *(Stamp or seal)*

My Commission Expires: _____

443 North Franklin St., Suite 001
Syracuse, NY 13204
healtheconnections.org

Medical Records Request Policy and Procedure

1. Purpose

HealtheConnections is committed to implementing formal measures to outline the policy and procedure to provide medical records when requested by a patient or patient's personal representative. This policy has been drafted to ensure compliance with Federal and State regulations as applicable, including HIPAA, SAMHSA, The Cures Act, 10 NYCRR § 300.3(b)(1): SHIN-NY Privacy and Security Policy, among others. Please refer to these regulations to understand your rights as a patient. Find out more about sharing your health information by visiting:

- Cures Act: https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification
- Information Blocking Rule: https://www.healthit.gov/curesrule/

2. Policy and Procedure

Step 1: Requesting the Form

The patient or personal representative can contact HealtheConnections to obtain a Patient Records Request form through one of the following options:

- Download from HealtheConnections at https://www.healtheconnections.org/resources.
- Contact HealtheConnections at support@healtheconnections.org or 315-671-2241 extension 5.

Step 2: Completing the Form

The patient or personal representative must do one of the following options listed below. If a personal representative is signing the form on the patient's behalf, proof of the relationship must be provided.

1. Complete the form and have signature notarized. This can be sent to HealtheConnections through one of the following options:
    a. United States Postal Service (USPS) mail:
    HealtheConnections, c/o Privacy Officer
    443 N Franklin St, Suite 001
    Syracuse, NY 13204
    b. Fax: 1-315-407-0053
    c. Email: support@healtheconnections.org

2. Make an appointment with a Compliance Officer or Manager at HealtheConnections to be seen at the HealtheConnections office. To make an appointment, email support@healtheconnections.org or call 315-671-2241 extension 5 to schedule. During their appointment they will need to provide a Photo ID and complete the form to request a Patient Records Request.

Step 3: Submitting the Form

The patient or personal representative can submit the form through one of the following options:

- Send electronically via email to support@healtheconnections.org.
- Send hard copy through the USPS to:
    HealtheConnections, c/o Privacy Officer
    443 N Franklin St, Suite 001
    Syracuse, NY 13204

Step 4: Processing the Request

Report Content

Information included will be everything HealtheConnections has, up to the prior 6-year period, with the exception of*:

- Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separate from the rest of the patient's medical record.
- Certain records originating from OMH facilities, including, but not limited to Psychiatric Inpatient units, Comprehensive Psychiatric Evaluation Program (CPEP) units, Psychiatric Centers, must be authorized for release by the treating provider. If that is the case, HealtheConnections will redact those records and refer the patient to the original provider who can authorize and release those records. The patient will be provided with the facility name and phone number and/or email address for the relevant department responsible for handling such requests.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- Minor consented services data for minors under the age of 18 – if this data cannot be excluded, then none of the minor data shall be provided.

***Please note: Sensitive information requested/required to exclude** (e.g., alcohol/drug use, HIV/AIDS, genetic information, sexual health, mental health, other specified information). If the requested/required information cannot be excluded, the request will not be filled, and the patient will be directed to contact the relevant providers directly to obtain those records. HealtheConnections can provide a list of providers, if needed.

Step 5: Responding to the Request

Report Response Time

- Within 10 business days, HealtheConnections will either complete the report and send to the requested recipients or provide a reason why the information cannot be provided. Please note that for any reports sent through the USPS, the report will be postmarked within the 10 business days and does not account for USPS delivery times.
- If necessary, a 30-day extension may be required for any data that is archived and needs to be retrieved.

Report Format

The report is available in the following formats:

- Electronic file (Adobe PDF (default), XML (requires special software))
- Paper copy
- An alternative format may be requested. HealtheConnections will accommodate such requests unless they fall within an exception under the Cures Act.

Report Delivery

The report can be delivered in the following ways:

- USPS
- In person: Pick up at the HealtheConnections office by appointment
- USB Flash Drive: USPS or pick up at the HealtheConnections office by appointment
- Email (will be encrypted unless otherwise agreed to and documented)
- An alternative delivery method may be requested. HealtheConnections will accommodate such requests unless they fall within an exception under the Cures Act.

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Report Fees

HealtheConnections does not charge any fees at this time for requests in paper, Adobe PDF, and XML formats but reserves the right to impose fees for more than one request within a 12-month period. Requests for other formats may be charged a fee to cover HealtheConnections' reasonable costs. Before imposing any fees, HealtheConnections will first inform the patient of the fee and provide the patient an opportunity to withdraw or modify the request in order to avoid or reduce the fee.

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