

Virginia Hospital Center's  
INSTRUCTIONS FOR COMPLETING  
AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

**To insure the timely processing of your request, please fill out entire form, lines 1-16.  
VHC will not be able to process your request without it.**

Items 1-4: Name should be the name of the patient at the time of treatment.

Item 5: Please check one box for the "Purpose" of the request.  
Please check one box for the "Means of delivery" of the request.  
Please check one box for the "Format" of the request.

If means of delivery is "Email" please provide the email address on the line below. If means of delivery is "Fax", **Virginia Hospital Center only faxes directly to medical facilities/offices (not affiliated with Virginia Hospital Center), and only if records would not reach facility/office by mail in time for any appointment indicated at the top of the authorization.** Please provide both fax number and phone number of the medical facility/office at top of page. You will then need to complete Item 6 with the doctor's name and address.

**\* PLEASE NOTE: If means of delivery is "Pick up", you will receive a phone call when record copies are ready. You will then have 5 business days to pick up record copies. After the 5<sup>th</sup> business day, record copies are destroyed. A bill will be automatically generated whether or not record copies are picked up. If you fail to pick up record copies after the first request, any additional requests will incur additional charges.**

Item 6: **\*DO NOT FILL IN WITH "SELF" OR "SEE ABOVE". MUST FILL IN COMPLETELY.** This information MUST be provided. Write the name and full address of person you want to receive the copies, even if they are being sent to yourself.

**\* PLEASE NOTE: Person identified in this line will be billed.\***

Item 7: You need to indicate specific dates OR a range of dates covering the dates of the visit. If it was a one-day visit, repeat the same date after date "to" as you indicated after date "from".

Item 8: HIPAA guidelines limit Virginia Hospital Center to release "minimum necessary" to medical facilities. Our policy is to limit faxes to 10 pages, including Discharge Summary, History and Physical, Labs, Radiology ("Xray..."), EKG's and Operative Reports/Pathology. If the visit was ER only, the Emergency Room Record will be sent in full, unless only specific parts are indicated on your request. The physician may make a direct or subsequent request for other reports needed for continuing care. **Again, we only fax records to physicians (not affiliated with Virginia Hospital Center) and other hospitals.**

**You as the patient, may request a copy of your records for your own personal use**

You must complete an Authorization for Release of Medical Record Information form.

Please note that there is a copy fee for a copy of your record. The fee is as follows: **\$.50 per page up to 50 pages, \$.25 per page 51+ pages, \$1.00 per page for copies made from microfiche, and postage.** Our processing time is 30 days.

**\*\* Any records not available in MyVHC Patient Portal will be available at your request for a fee.**

Items 9-13 The space on Item 11 may be left blank if you agree to an expiration timeframe of 1 year. If you wish the timeframe to be shorter, you may indicate a specific date or timeframe.

Items 14-16 Please enter the date that you are signing and your signature. **If you have POA or are the administrator for a deceased patient, we will need additional documentation. Please call us for details.**

**If you have any questions, please call the Health Information Management department at (703) 558-6117.**

Patient Label



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