



Instructions for Completing the Montefiore’s Authorization for Release of Health Information

These instructions will help you accurately complete Montefiore’s Authorization for Release of Health Information form (ROI4987), in compliance with HIPAA guidelines.

! To avoid processing delays or denials, please read each step carefully and fill in every section completely. Following these instructions ensures that your request can be processed as quickly as possible and without delay.

Section 1 – Patient Information

- Write information about the patient requesting records in respective boxes medical record number, if known, Patient Name, Date of Birth, Patient Address and Telephone Number

Section 2. a – Request Records From

- Check the appropriate box for the Montefiore location where the patient received care.
- If you check clinic/provider, write the name of the clinic or the name of the provider and the address. Provider is the Name of the Doctor, Physicians Asst, Audiologist, Therapist, etc.

Section 2.b – Release Records To

- Check the appropriate box where the records will be released – “Self” or “Other”.
- If you check “Other” write the name of the Person/Entity and full address where to send the records.

Section 3 – Records to be Released.

This is the most critical section for your request. Failure to be specific here will cause delays.

- **Section 3.a** - timeframe of records.
 - Write the **Start Date** and **End Date** for when the patient received care (e.g., From: 01/01/2023 To: 06/30/2024).
- **Section 3.b** – only choose one option that best fits your needs

Option	What It Includes	Recommendation
Option 1: Entire Medical Record	Everything. This includes all records for the dates you listed above.	Only select this if you need the absolute maximum amount of information. We advise selecting "Abstract" (option 2) or "Specific Information" (option 3) if you only need certain documents, as this often allows for faster fulfillment.
Option 2: Abstract of Medical Records	A summary of major documents: History & Physical, Discharge Summary, Consult Notes, ED Notes, Operative Reports, and all major test results (Lab, Pathology, Radiology).	Choose this if you need a comprehensive overview.

Option	What It Includes	Recommendation
Option 3: Specific Information	Allows you to select <i>only</i> the specific types of records you need (e.g., just lab results, or just X-rays).	Choose this to receive the information fastest and to share only what is necessary. Check all the specific boxes that apply.

- **Section 3.c – Special Protected Information**

Due to HIPAA laws, records related to the following sensitive topics will not be released unless you explicitly grant permission by writing your initials next to the line.

If you want us to release any of the following, **write your initials** next to the correct option:

- Alcohol or Drug Treatment
- Mental Health Information
- HIV-Related Information
- Genetic Testing Information

If you do not want us to release a specific type of information, leave the line blank.

Section 4 – Purpose

- Indicate how this information will be used

Section 5 – Delivery Method and Format

- Ensure that you indicate your preferred delivery method and format of disclosure. If you select email, please provide the email address and whether it is encrypted or unencrypted.

Note, health records will be sent encrypted, unless unencrypted is checked.

Some Radiology (x-rays) and diagnostic images (ultrasounds) may be available online in MyChart or these can be released to another patient portal “AMBRA”

Section 6 - Authorization Expiration

Write the date or event when the authorization to release this information will end (e.g., "12/31/2025" or "at the end of my legal case").

Section 7 - Review and Approval

- Read this section carefully before giving consent, then sign, and write the date.
- If you are the Authorized Representative requesting information, print your name and your relationship to the patient.