SHERIDAN COMMUNITY HOSPITAL

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

☐ Sheridan Community Hospital
301 N. Main St.
PO Box 279
Sheridan, MI 48884
Phone: 989-291-6341
Fax: 989-291-3775

☐ Sheridan Care
303 Congress St.
PO Box 230
Sheridan, MI 48884
Phone: 989-291-5077
Fax: 989-291-5348

_____

Patient Name SSN DOB

You are not required to tell us the purpose of your request. If you do not wish to tell us, simply check the following box:
☐ At My Request If you wish to provide more detailed information, you may do so below:

I authorize_____ to release or disclose health information of the above named individual to:

Name:_____
Address: _____
City / State / Zip Code:_____
Phone: _____ Fax: _____

This authorization is made in accordance with federal and state laws. Information regarding behavioral and mental health services, substance use disorder treatments, and communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS related complex) may be shared if I initial here or if I list this type of information below _____.

I understand that I may revoke this authorization at any time by sending a written revocation to Sheridan Community Hospital, except to the extent that it has taken action in reliance on the authorization.

I understand that once my health information is used or disclosed pursuant to this authorization, it may be subject to re-Disclosure or release by the Receiving Party and may no longer be protected by federal or state laws.

Date(s) of Visits: _____

☐ Discharge Summary
☐ History & Physical
☐ Progress Notes
☐ ER/OP Records
☐ Records related to specific problem of: _____
☐ Other: _____

☐ Test Results (EKG, EEG)
☐ Lab Reports
☐ X-rays & Ultrasounds

_____ _____
Signature of Patient or Legal Representative Authorization expires one year from date above

_____ _____
Description of Authority to Act for Patient - Relationship to Patient Witness

Verification of: _____ Driver's License _____ POA _____ Guardianship _____ Court Appointment _____ Proof of Emancipation

This authorization form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations 45 CFR Parts 160 and 164. Previous edition obsolete. PVH/HIM

STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

2019 MEDICAL RECORDS ACCESS ACT FEES
(In Accordance with the Consumer Price Index)

The Medical Records Access Act, Public Act 47 of 2004, MCL section 333.26269 (the Act) states that if a patient or a patient's authorized representative requests a copy of all or part of the patient's medical record, the health care provider, health facility, or medical records company to which the request is directed may charge the patient or the patient's authorized representative a fee. The Act requires the Department of Health and Human Services to adjust on an annual basis the fees prescribed by the Act by an amount determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit consumer price index.

PLEASE NOTE: The Department's only involvement with the Act is to set the rate health care providers may charge for copies of records under the Act. The Department does not have the authority to make a health care provider give you copies of your health records. Additionally, the Department is not able to provide advice regarding the law.

In compliance with the Medical Records Access Act, I, Robert Gordon, Director of the Michigan Department of Health and Human Services, recognize the State Treasurer's certification of the annual percentage increase in the Detroit Consumer Price Index for the 2018 calendar year. Accordingly, I have adjusted the fees by the cumulative annual percentage change as follows:

Year	**Initial Fee** (333.26269(1)(a))	**Per page for the first 20 pages** (333.26269(1)(b)(*i*))	**Per page from paged 21-50** (333.26269(1)(b)(*ii*))	**Per page for pages 51+** (333.26269(1)(b)(*iii*))
CY 2019	$25.06	$1.25	$0.63	$0.25

NOTE: A 'patient', as defined by this rule, shall not be charged the initial fee for the patient's own medical record. However, a patient can be charged the other permitted fees (e.g. the per page fees).

Robert Gordon, Director

2.14.19
Date

See the complete Medical Records Access Act at:
http://legislature.mi.gov/doc.aspx?mcl-Act-47-of-2004