

## INSTRUCTIONS TO OBTAIN/RELEASE HEALTH INFORMATION



### IMPORTANT

1. Please read all instructions and information before completing and signing the form.
2. **Fees:** Release of records directly to the patient or authorized representative may result in a fee per page. There is no charge to release records for continuity of care (provider to provider).
3. **Incomplete Forms:** May result in processing delays if required information is not completed on form. Incomplete forms may not be accepted.

### INSTRUCTIONS

*The following information will help you with filling out the required sections on the form.  
Please type or print as clearly and completely as possible.*

- **Section I:** Fill in the patient's information completely.
- **Section II:** Fill in the person or facility name where the records being released should be **SENT TO**.
- **Section III:** Fill in the person, provider, or facility that is responsible to **RELEASE** the medical records. Please fill out as completely as possible to eliminate processing delays.
- **Section IV:** **1)** Please fill in the date range for the period of health care to be released.  
**2)** Select what type of records to be released. *Please note the box to the right. This contains a special authorization to release sensitive health information. These lines must be initialed in order for those records to be released.*  
**3)** Select how requested records should be delivered, whether by pickup in person or delivery by fax/mail. *Please note there is a box that can be checked if you would like to be enrolled in our online Patient Health Portal. If you select this box, please make sure that your e-mail address is clearly written in section I. You will receive an e-mail regarding your registration shortly after submitting this form.*
- **Purpose of this Request:** Select the correct box corresponding to why these records are being released.
- **Signing this Request: Patient or Legal Representative:** This will be signed by the patient who's records are being released. If the patient is unable to sign, it may be signed by their legal representative. If a Power of Attorney or Health Care Surrogate is signing for the patient, please be sure ROI has a copy of the patient's advance directives.

### QUESTIONS?

**Please contact our Release of Information desk at 321-268-6413.  
Hours of Operation: M-F 8:30 a.m. - 5:00 p.m.**

**For questions regarding the online Patient Health Portal:  
Office: 321-268-6446 (6HIM)  
E-mail: [HealthInformation@parrishmed.com](mailto:HealthInformation@parrishmed.com)  
Patient Portal Web Address: [www.parrishmed.com/hospitalrecords](http://www.parrishmed.com/hospitalrecords)**

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North Brevard County Hospital District  
operating as  
Parrish Medical Center  
North Brevard Medical Support  
operating as  
Parrish Medical Group