



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

BSA Health System
1600 Wallace Blvd Amarillo, Texas 79106

Developed for Texas Health & Safety Code § 181.154(d)
effective June 2013

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure of protected health information. Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information.

NAME OF PATIENT OR INDIVIDUAL

Last First Middle

OTHER NAME(S) USED

DATE OF BIRTH Month Day Year

ADDRESS

CITY STATE ZIP

PHONE () ALT. PHONE ()

Email Address

I AUTHORIZE THE FOLLOWING TO DISCLOSE THE INDIVIDUAL'S PROTECTED HEALTH INFORMATION:

Person/Organization Name BSA Hospital
Address 1600 Wallace Blvd
City Amarillo State TX Zip Code 79106
Phone (806) 212-5452 Fax ()

REASON FOR DISCLOSURE (Choose only one option below)

- Treatment/Continuing Medical Care
Personal Use
Billing or Claims
Insurance
Legal Purposes
Disability Determination
School
Employment
Other

WHO CAN RECEIVE AND USE THE HEALTH INFORMATION?

Person/Organization Name
Address
City State Zip Code
Phone () Fax ()

WHAT INFORMATION CAN BE DISCLOSED? Complete the following by indicating those items that you want disclosed. The signature of a minor patient is required for the release of some of these items. If all health information is to be released, then check only the first box.

- Abstract History/Physical Exam Past/Present Medications Lab Results
Physician's Orders Patient Allergies Operation Reports Consultation Reports
Progress Notes Discharge Summary Diagnostic Test Reports EKG/Cardiology Reports
Pathology Reports Billing Information Radiology Reports & Images Other

Your initials are required to release the following information:

Mental Health Records (excluding psychotherapy notes) Genetic Information (including Genetic Test Results)
Drug, Alcohol, or Substance Abuse Records HIV/AIDS Test Results/Treatment - Sexually Transmitted Disease Test Results
Records requested as Paper CD

EFFECTIVE TIME PERIOD. This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn; or the following specific date (optional): Month Day Year

RIGHT TO REVOKE: I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to the person or organization named under "WHO CAN RECEIVE AND USE THE HEALTH INFORMATION."

SIGNATURE AUTHORIZATION: I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by Texas Health & Safety Code § 181.154(c) and/or 45 C.F.R. § 164.502(a)(1).

** Fee is waived when releasing information directly to a treating physician or health care facility.**

SIGNATURE X Signature of Individual or Individual's Legally Authorized Representative DATE

Printed Name of Legally Authorized Representative (if applicable):
If representative, specify relationship to the individual: Parent of minor Guardian Other

A minor individual's signature is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse, and mental health treatment (See, e.g., Tex. Fam. Code § 32.003).

SIGNATURE X Signature of Minor Individual DATE





888.252.4146
sales@mrocorp.com
www.mrocorp.com

MRO is the company that handles release of medical records for BSA. As their partner for Release of Information (ROI), it is our pleasure to serve you!

Please fill out an ROI authorization form completely, and be sure to sign and date it.

The processing time for copies of records is 5-7 business days after receipt of payment, depending on the type of records and the dates of service requested. Federal law permits BSA to assess patients a reasonable, cost-based fee for copies of their records. (See 45 CFR § 164.524(c)(4).)

For copies of your records, you may be assessed a fee based on the following fee schedule:

How the PHI is Maintained	Requested Format of PHI	Reasonable, Cost-Based Fee
Electronically	Electronic (Email or CD-ROM)	Flat fee of \$6.50 (inclusive of actual labor, supplies and postage), plus applicable sales tax
Electronically	Paper	\$0.10 per page (\$0.08 per page for actual labor and \$0.02 per page for supplies), plus applicable postage and sales tax
Paper	Paper	\$0.10 per page (\$0.08 per page for actual labor and \$0.02 per page for supplies), plus applicable postage and sales tax
Paper	Electronic (Email)	\$0.08 per page (actual labor), plus applicable sales tax
Paper	Electronic (CD-ROM)	\$0.08 per page (actual labor), plus \$0.22 per CD-ROM/ Mailer (supplies), plus applicable postage and sales tax
Hybrid – Electronic and Paper	Paper	\$0.10 per page (\$0.08 per page for actual labor and \$0.02 per page for supplies), plus applicable postage and sales tax
Hybrid – Electronic and Paper	Electronic (Email and CD-ROM)	Flat fee of \$6.50 (inclusive of actual labor, supplies and postage), plus applicable sales tax

Once the records are ready, you will be notified via mail. Please review the invoice for payment information. Payment may be made by check, credit card or money order. Your requested records will then be mailed to you.

Please call 610.994.7500 Ext. 1 to check the status of your request, make a payment or ask any questions.