NATIONWIDE CHILDREN'S | TOLEDO

When your child needs a hospital, everything matters.

Request For Access to Protected Health Information

Patient Information

Last Name: **First Name:** **Middle:**

Date of Birth: / / **Other Possible Names (e.g., maiden, preferred, etc.):**

Address: **Phone #:**

City: **State:** **Zip Code:**

Release To

Name:

Address:

City: **State:** **Zip Code:**

Email: **Phone #:**

I hereby request Nationwide Children's to provide access and/or copies of my protected health information as indicated above.

Access Method

Select a Format: ☐Access/Review Onsite ☐ MyChart ☐ CD ☐ Thumb/Flash Drive ☐ Paper

☐ Email: _____ ☐ Fax #: _____

Select a Delivery Method: ☐ Mail to address above ☐ Pick up at - 255 E. Main Street Columbus, Ohio 43215

If you select the e-mail option, you hereby acknowledge and accept the inherent risk associated with an unsecured e-mail transmission, which can place your information at risk of being accessed by someone else, and you agree that NCH will not be responsible for disclosures that might occur in transit.

Purpose

Purpose of Release (check all that apply):

☐ Patient Care ☐ Disability ☐ Insurance ☐ School ☐ Legal ☐ Personal Use ☐ Other _____

Requested Information

Dates of Treatment Requested: From Date: / / To Date: / /

☐ Summarized Inpatient Record (including History and Physical, Consult Report, Operative Report, Discharge Summary, and Test Results)

☐ Operative Report ☐ Discharge Summary ☐ Emergency Department Record ☐ Urgent Care Record ☐ X-Ray Reports

☐ Lab Results ☐ Other Test Results _____

☐ Images on CD ☐ Photos ☐ Outpatient Clinic Records (please specify clinic/department) _____

☐ Well Child or Physical Visit ☐ Immunizations ☐ List of Visit Dates ☐ Entire Legal Medical Record

☐ Other Information _____

Parent / Patient / Legal Guardian

I understand that NCH may charge me a fee for requested records in accordance with Federal and State law. (Fee schedule available upon request)
I understand that this request will expire one year from the date of my signature below. During that time, I may request the same information without needing to fill out a new form. I understand that if I need new/additional/different information than what is listed on this form, I will need to complete and submit a new form.
I understand that I can request a copy of this form after I sign it. A photocopy of this form will be considered as the original.
I understand that depending on the information being requested, there may be a delay in processing this request. Should the completion of this request take longer than 30 days, you will be notified in writing by the Release of Information team.
I understand that NCH may deny this request, in whole or in part, under limited circumstances as provided for under federal and state law if the access requested is reasonably likely to endanger the life or physical safety, or cause substantial harm, to the patient or another person. In the event NCH denies me access, NCH must provide me with a written denial which sets forth the basis of the denial and how the decision can be reviewed and/or appealed.

By signing below, I affirm that I am the patient and/or the patient's personal representative and have the authority to authorize who may access or receive this patient's health information.

_____ _____
Printed Name of Patient (or Personal Representative) Relationship to Patient

_____ _____
Signature of Patient (or Personal Representative) Date/Time

Submit

NCH Columbus:
Nationwide Children's Hospital
Attn: HIM Dept.
700 Children's Dr.
Columbus, Ohio 43205

Fax: 614-355-0797
Phone: 614-355-0777
Email:
MedicalRecordRequests@nationwidechildrens.org

NCH Toledo:

Phone: 800-913-9417
Fax: 229-516-8034

Tips for Requesting Medical Record Copies

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Types of Medical Information You Can Request

Summarized Inpatient Record	Includes History and Physical, Consult Report, Operative Report, Discharge Summary, and Test Results.
Operative Report	Detailed account of surgical procedures performed during an inpatient or outpatient visit.
Discharge Summary	Summary of your hospital stay, including diagnosis, treatment, and follow-up instructions.
Emergency Department Record	Documentation of your visit to the emergency department, including diagnosis and treatment provided.
Urgent Care Record	Records from visits to urgent care, including diagnosis, treatment, and follow-up recommendations.
X-Ray Reports	Written interpretations of X-ray images by a radiologist.
Lab Results	Results of blood tests, urine tests, and other laboratory tests performed.
Images on CD	Digital copies of imaging studies such as X-rays, MRIs, and CT scans.
Photos	Clinical photographs taken for medical documentation and treatment purposes.
Outpatient Clinic Records	Records from visits to outpatient clinics, including consultations, progress notes, and treatment plans.
Well Child or Physical Visit	Documentation of routine check-ups and physical examinations, including growth charts and developmental milestones.
Immunizations	Records of vaccinations received, including dates and types of vaccines administered.
List of Visit Dates	A chronological list of all your medical appointments and visits.
Entire Legal Medical Record	A comprehensive compilation of all medical records maintained for legal purposes, including but not limited to: Consent Forms, Insurance ID Cards, Flowsheets, and other pertinent medical documentation.

Sensitive Information *(If Alcohol/Drug Related Treatment records are being requested, please complete the OCC-775, Behavioral Health Authorization to Disclose Information Form.)*

Substance Abuse	Records related to the diagnosis and treatment of substance abuse.
HIV Related Information (including AIDS related Testing)	Documentation of HIV status, testing, and related treatments.
Mental Health	Records pertaining to mental health diagnosis, treatment, and therapy sessions.