



**Do you plan to order medical records from this facility?**

This medical facility utilizes the services of HealthPort to handle the fulfillment of all requests for medical records. If you choose to request your records from this facility please know that HealthPort will be processing and fulfilling your request.

**Who is HealthPort?**

HealthPort is the premier provider of health information services and solutions. With a team of more than 2,000 employees, HealthPort processes over 28,000 medical record requests daily, which amounts to more than 800,000 pages for well over 7,000 healthcare facilities across the nation.

**How do I request a copy of my records from this facility?**

Simply complete an authorization for release of your records at the facility, and HealthPort will handle the rest. Please do not attempt to contact HealthPort to request your records. Your request must be sent directly to the medical facility.

**How do I receive my medical records?**

HealthPort will send your records via first class U.S. Mail in a 9x12 envelope marked confidential.

**Why am I being charged for my medical records?**

When you request your medical records, you will receive a copy of the original records located in the medical facility. There are many steps taken to provide copies of the medical records, and the process is labor-intensive. The records must be located from various places within the facility, the chart is pulled, the records are then selected based on the dates or treatments requested, the authorization is validated, the records are reviewed for legibility and to ensure confidentiality, copies are made of the appropriate pages, each page is replaced in the chart exactly how it was found, the chart is then filed or put back into storage and the package is sent per your request.

**How much does Smart Document Solutions charge for its services?**

The charges for the copies you request are typically regulated by each state. HealthPort abides by the allowable rates set forth by state law.

**How do I pay to receive copies of my medical records?**

There is no need to go to or contact the healthcare facility from which you requested your records in order to make payment. The healthcare facility will not be able to assist you with your invoice payment for these services.

HealthPort offers the following three methods to pay for your medical records copies:

**Online Payment** – (*Fast and Efficient*) to remit payment online please go to [www.HealthPortPay.com](http://www.HealthPortPay.com) and make sure you have your enclosed invoice for security purposes. Smart Document Solutions accepts Visa, MasterCard, American Express and Discover.

**Telephone Payment** - to remit payment by phone please contact a payment representative at 1-800-464-0035 and make sure you have your enclosed invoice handy as well as a major credit card listed above.

**Check Payment** – to remit payment by check please include the bottom portion of the **enclosed** invoice and send to the address listed.

If you have any further questions, please visit our website at [www.healthport.com](http://www.healthport.com) or you may contact us at [service@healthport.com](mailto:service@healthport.com) or **1-800-464-0035**.

**CONFIDENTIAL**

**Westside OB/GYN Center**

1091 Kirkpatrick Rd.  
Burlington, NC 27215

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

_____	_____
(Print patient's full name)	Birth date (Mo/Day/Yr)
_____	_____
(Street Address)	Social security number
_____	_____
(City, state, zip code)	Phone (Home)

At the request of the individual, I \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to release:

- |                          |                            |                         |
|--------------------------|----------------------------|-------------------------|
| _____ DISCHARGE SUMMARY  | _____ PATHOLOGY REPORTS    | _____ EMERGENCY REPORTS |
| _____ HISTORY & PHYSICAL | _____ LABORATORY REPORTS   | _____ OTHER _____       |
| _____ PROGRESS NOTES     | _____ RADIOLOGY REPORTS    | _____                   |
| _____ OPERATIVE NOTES    | _____ ECG/EEG/CARDIAC CATH | _____                   |

From the time period of \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ I do \_\_\_\_\_ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

**INFORMATION RELEASE TO:**

\_\_\_\_\_

Name of Company/Agency/Facility/Person

\_\_\_\_\_

Street address

\_\_\_\_\_

City, state, zip

**PURPOSE OF DISCLOSURE:**

- |                              |                                |                        |
|------------------------------|--------------------------------|------------------------|
| _____ REFERRAL TO SPECIALIST | _____ DISABILITY DETERMINATION | _____ CHANGE OF DOCTOR |
| _____ LEGAL INVESTIGATION    | _____ WORKERS COMP             | _____ CONTINUING CARE  |
| _____ INSURANCE              | _____ PERSONAL                 |                        |

OTHER (SPECIFY) \_\_\_\_\_

**Please provide current daytime telephone number in the event we need to contact you:** \_\_\_\_\_

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____	_____
<b>Signature of individual or guardian or</b>	<b>Date</b>
<b>Personal Representative of patient's estate</b>	

PLEASE NOTE: THERE IS A CHARGE FOR MEDICAL RECORDS WHEN REQUESTED FOR PERSONAL REASONS OR PERMANENT TRANSFER. SMART DOCUMENT SOLUTIONS HAS BEEN CONTRACTED TO PROVIDE THIS SERVICE AND WILL INVOICE YOU DIRECTLY. QUESTIONS MAY BE DIRECTED TO 1-800-464-0035.

**MEDICAL INFORMATION RELEASED BY SMART DOCUMENT SOLUTIONS**

ENTIRE _____	LAB _____	EKG _____	_____	_____
DS _____	EKG _____	IMMUNE _____	ROI SPECIALIST _____	DATE _____
OP _____	X-Ray _____	CLINIC _____	_____	_____
HP _____	PATH _____	OTHER _____	NUMBER OF PAGES _____	_____