

Lakeside Behavioral Health System
2911 Brunswick Road
Memphis, TN 38133

Ph: 901-377-4700 ext. 230
Fax: 901-373-0971

Authorization for Release of Information

I, _____, do hereby authorize Lakeside Behavioral
Patient's Name
Health Systems and its affiliates to release to _____
Agency or Individual

Circle Permission to Fax: Y / N

Address

Fax #

Medical information relating to my treatment in said facility for the following purpose(s):
_____ Continuing Medical Care _____ Insurance/Reimbursement _____ Other, Please Explain

Explanation

The information released shall be limited to the following time period(s) of illness:

Dates of service

Included shall be the following specific type data (**check all that apply**):

_____ History and Physical _____ Discharge Data _____ Labs _____ Medications

Expiration Date:

- This authorization will expire 6 months after the date recorded below.
- This authorization covers only treatment prior to the date recorded below.
- I understand I may revoke this authorization at any time. I also understand that any release of information made prior to my revocation and which was made in reliance upon an authorization shall not constitute a breach of confidentiality.

Initial I understand that my medical record will include information on diagnosis/treatment related to psychiatric or psychological conditions, drug and/or alcohol abuse, AIDS and /or HIV status. I understand and agree that the information, if any, pertaining to any such diagnosis/treatment described above may be released covered by Title 42 of the Code of Federal Regulations.

This Release of Information demonstrates compliance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards). **Notice of Re-disclosure:** This information has been disclosed to you from confidential records, which are protected by Federal Law. Further disclosure of this information is prohibited without the specific written consent of the person to whom it pertains. A general authorization for this release of medical or other information is not sufficient for this purpose. **Faxing of confidential information:** The medical record is privileged and confidential. Information from a patient's record will be faxed only for urgent patient care reason in which other methods of transmission will deter further patient care or provision of needed services. The patient must authorize the fax after he/she has been informed of the risks involved in sending material by fax. **Lakeside Behavioral Health System will not be held liable for any breach of confidentiality occurring from this fax transmission.**

Initial **By signing this authorization you are aware and have read and received a copy of our Request for Medical Records Guidelines.**

Patient Signature

Date

DOB

SSN

Witness / Guardian

Date

Contact Phone Number

REQUEST FOR MEDICAL RECORDS GUIDELINES

Lakeside Behavioral Health System
2911 Brunswick Road
Memphis, TN 38133

Dear Lakeside Customer,

Please read the following Guidelines regarding your medical records release:

- **Lakeside Medical Records department processes all requests for copies of medical records.**
- **Authorizations are accepted by mail, fax, or in person with proper identification**
- **Record requests are processed in the order they are received.**
- **Requests should be completed within 10 -15 business days.**
- **Failure to fully complete the Authorization for Release will delay your request.**

There may be a cost associated with your request.

There is an initial copy cost of \$18.00 for the first five pages of your medical record with a cost of \$.85 per page for additional pages. (TCA, Sect 68-11-304(a)(2)(A)(iii)).
Additional charges for additional pages apply.

If you are receiving records for your personal use, you will be called with the copy fee amount for your approval. Payment must be paid in full before the record(s) will be sent. If you opt to pick up records, please bring payment in the form of **CHECK OR MONEY ORDER ONLY. CASH MONEY WILL ONLY BE ACCEPTED FOR THE EXACT AMOUNT.**

Medical Records Department
Hours of Operation:
8:00am – 4:30pm
Monday thru Friday
901-377-4703 EXT 1 – Release of Information

Sincerely,

Lakeside Behavioral Health System
Medical Records Department