



MIDWEST
ORTHOPAEDIC
CENTER

Request for Medical Records and Forms Completion Protocol

In order to comply with the HIPAA regulations regarding protected health information, Midwest Orthopaedic Center contracts services from RRS Medical (formerly Quest HIMS) to complete all requests for medical records, X-ray or MRI images and FMLA and disability forms completion. This provides a centralized location for all requests and assures full compliance of the HIPAA regulations.

Please note that all requests for records, images or forms completion require a written release of information to be completed and signed by the patient or patient guardian for minors. This release form is utilized by RRS Medical to direct the requested items to the appropriate person(s). Midwest Orthopaedic Center's release of information form (MOC 535 or MOC 365) is available at the practice or the website at www.midwest-ortho.com. Many short-and longterm disability forms and FMLA forms have their own release form. Please note: Records, Images and Forms will not be available for pick up in the MOC offices. These are distributed from the RRS Medical offices only.

Requesting your medical records and/or radiology images or forms to be completed:

- Complete the MOC 535 Authorization to Release Healthcare Information for Records Requests and MOC 365 for Forms. Please include an **EMAIL** this is the fastest way to receive your information and provide payment.
- Be sure to include complete information about where the records/images/forms are to be released.
- Records/Forms can be sent via Mail, Fax or thru a secure electronic portal utilizing email. Images, due to file size, can only sent on a CD via the mail.
- Request only those records that you need for the purpose of the request. Typically, the chart abstract is enough for most needs. If you only need a specific date of service or type of report, indicate at Other.
- Records sent directly to another healthcare provider are sent at no charge. If you request your records sent to yourself or another non-healthcare provider there is a charge, set by the state of IL as listed below.
- Form fees are charged to the patient directly. Be sure to **sign and date the authorization**. Unsigned release forms are not valid. The authorization is valid for 90 days unless you specify a different timeframe.

Medical Records, Imaging and Forms Charges

Patient
Medical Records \$6.50 plus postage if applicable

Non-Healthcare provider (subject to change by state of Illinois)

\$29.09 handling charge
 \$1.09 per page for pages 1-25
 \$0.73 per page for pages 26-50
 \$0.36 per page for pages 51+
 Postage if applicable

Radiology Images on a CD \$6.50 plus postage

\$20.00 plus postage

Forms Completion: Initial FMLA or Disability Form -\$30.00 Updated Disability forms \$5.00 each
All forms fees must be paid to RRS medical before any form will be released.

All inquiries/ questions on status of Records, Imaging or Forms should be made directly to:
 RRS Medical at the information below:

Phone toll free: 320-373-0007 or 618-355-9550

swansea-info@rrsmedical.com

Midwest Orthopaedic Center, SC

Authorization To Release Healthcare Information



MOC Account #: _____

Patient's Name: _____ DOB: _____

Previous Name: _____ SSN#: _____

I request and authorize Midwest Orthopaedic Center, 6000 N Allen Road, Peoria, IL 61614 to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax Number: _____ Phone Number: _____

I wish to receive my records via: Fax Mail Electronically on a CD via U.S. mail
 Electronically via a secure portal. Email address for link: _____

This request and authorization applies to: **select one**

- Chart Abstract:** Office Notes, Radiology Reports, Special Studies Reports, Procedure/Operative Notes, Lab Results, Hospital Consults and Discharge Summaries. Dates: From _____ To: _____ Or specific date: _____
- Legal Medical Record:** Chart Abstract plus any patient questionnaires/histories, orders correspondence, telephone messages and records received by other medical providers. Dates: From _____ To: _____ Or specific date: _____
- Healthcare information relating to the following treatment, condition or dates only:** (Please Specify)

- Other _____
- Digital Copies of X-Rays or MRI taken at Midwest Orthopaedic Center from:** Date(s) _____

I authorize the release to the person(s) listed above of any records regarding:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Behavioral Health | <input type="checkbox"/> Yes <input type="checkbox"/> No Sexual Assault |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Developmental Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No AIDS/HIV |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Substance Abuse/Addiction | <input type="checkbox"/> Yes <input type="checkbox"/> No Child Abuse |

I understand that: a) I must revoke my authorization in writing and may do so by completing and signing the Revocation of Authorization form, DM-3523, available at my clinic's business or medical records office; b) If I revoke my authorization, it will not affect any actions already taken by Midwest Orthopaedic Center based upon this authorization; and c) I may not be able to revoke this authorization if the purpose of it was to obtain insurance. Once Midwest Orthopaedic Center has disclosed health information, the recipient may re-disclose it in some situations. Privacy laws may no longer protect the information.

This authorization expires _____ (date or event). Authorization will expire in ninety days if not otherwise specified.

 Date Signature of patient or patient's authorized representative Relationship to patient, if not patient

Check if patient is a minor

MINORS - A minor patient's signature is required in order to release the following information (1) conditions relating to the minor's reproductive care including, but not limited to, contraception, pregnancy and pregnancy termination, sterilization and sexually transmitted diseases (age 14 and older), (2) alcohol and/or drug abuse (age 13 and older), and (3) mental conditions (age 13 and older).