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Owner: David Behinfar: HCS Exec
 Dir Privacy
Policy Area: HIPAA - Privacy
Policy Tag Groups:
Applicability: UNC Medical Center

Designated Record Set Policy

I. Description

HIPAA Manual/Administrative Manual

II. Rationale

UNC Health and its affiliates are committed to enabling patients to exercise their legal rights under federal, state, and local laws related to accessing and amending medical and billing information maintained by a UNC Health entity as part of the Designated Record Set (DRS). This policy describes what will comprise the DRS, which is the information patients can access or amend.

DESCRIPTION OF DESIGNATED RECORD SET (DRS):

The DRS is defined as a group of records (paper or electronic) maintained by or for a UNC Health entity that is:

- the medical and billing records about patients maintained by or for the UNC Health entity;
- the enrollment, payment, claims adjudication, and case or medical management record systems maintained by the UNC Health entity; and/or
- used, in whole or in part, by the UNC Health entity to make decisions about patients.

The UNC Health entity DRS includes, but is not limited to, the contents of the Unit Medical Record as defined in the UNC Health Policy ADMIN 0015, Use and Disclosure of PHI Based on Patient Authorization.

III. Policy

A. The DRS

INCLUDES:	Example
Unit Medical Record (Clinical)	<ul style="list-style-type: none"> • Advanced Directives • Allied Health Reports (OT/PT, Speech Therapy, Nutrition, etc.) • Anesthesia Records • Authorization forms • Autopsy Reports • Care plans

INCLUDES:	Example
	<ul style="list-style-type: none"> • Consent forms (i.e. Informed Consent and General Consent for Treatment) • Consultation reports • Correspondence (i.e., referral letters, record requests, etc.) • Discharge Reports (i.e., summary, progress note, instructions) • Documented communications between provider and patient • Emergency Department Records • History and Physical Exams • Immunization records • Laboratory results (not requisitions for lab tests) • Medication Administration Records • Nursing Records (i.e., Admission Assessments, Notes, Flow Sheets, Graphics, etc.) • Operative/Procedure Records • Other Diagnostic Reports (i.e., EEG, EKG, EMG, NCV, Echo, etc.) • Pathology reports • Problem list • Progress notes • Provider Orders • Radiology reports • Registration Record • Selected photographs • Transfer Records • Transport Records
Billing Records	<ul style="list-style-type: none"> • Complete statement of account containing billing history • Open balance statement • Receipt for service (per encounter date) • Financial agreement w/private patients • Requests/Denials for amendments/ corrections • Financial payment arrangement • Encounter forms • Paper claims • Other Patient specific claims, remittance, eligibility response and claim status response, charge screen, statement of account balance, payment agreement

INCLUDES:	Example
Business Associate Records	<ul style="list-style-type: none"> Records held by a business associate that meet the definition of DRS.
DOES NOT INCLUDE:	Example
Source Documentation	<ul style="list-style-type: none"> Source data interpreted or summarized in the patient's medical record (pathology slides, diagnostic films, EKG/EEG tracings from which interpretations are derived, Sleep study videos from which interpretations are derived, photographs taken in the operation/emergency room, endoscopy photographs, fetal monitor tracings from which interpretations are derived, wound photographs, neonatal/ death/fetal demise photographs X-rays
Related to Risk Mgmt, Quality Improvement	<ul style="list-style-type: none"> Quality Improvement/Peer review records Risk Management records Information compiled in reasonable anticipation of, or for use in civil, criminal, or administrative action or proceeding (e.g., Incident Reports - used to identify problems and implement corrective action, attorney notes)
Employment related	<ul style="list-style-type: none"> Results of HIV tests maintained by the employee health nurse for employees who incur needle stick injuries while at work Employer records
Health Information Generated, Collected, or Maintained for Purposes that do not include decision-making about the individual.	<ul style="list-style-type: none"> Birth and Death Registers Cancer Registry Trauma Registry Diagnostic or Operative Indexes Copies of reports/documentation/forms wherein the originals are maintained in an 'official' record maintained by UNC Health i.e. "shadow files" Appointment and surgery schedules
Laboratory/Clinical Laboratory Improvements Act (CLIA)	<ul style="list-style-type: none"> PHI maintained subject to the CLIA amendments of 1988 (42 USC 263a) to the extent that CLIA would prohibit an individual's access to the information in

INCLUDES:	Example
	<p>question</p> <ul style="list-style-type: none"> • PHI exempt from CLIA, pursuant to 42 CFR 493.3(a)(2) including information generated by: <ul style="list-style-type: none"> ◦ Facilities (or facility components) that perform testing for forensic purposes. ◦ Research labs that test human specimens but do not report patient-specific results for diagnosis, prevention, treatment, or the assessment of the health of individual patients ◦ Requisition for lab tests and duplicate lab results when the originals are in the patient's medical record
Business Associates	<ul style="list-style-type: none"> • Business associate records that meet the definition of DRS but are merely duplicate information maintained by the organization, e.g. dictated notes
Research	<ul style="list-style-type: none"> • Data collected and maintained for research
External/Outside Medical Records	<ul style="list-style-type: none"> • Medical records created by treating entities or providers other than the UNC Health or its affiliates

B. Requests for Access to DRS:

1. If a patient requests access to PHI under the UNC Health Policy, [Patient Right to Access, Inspect and/or Obtain a Copy of PHI](#), or requests to amend or correct PHI under the UNC Health Policy, [Right to Request Amendment to PHI](#), the patient shall be given access to the DRS.
2. On the applicable request form, the patient should specify whether the information requested is to be accessed or amended.
3. When a request is made to access or amend information not maintained in the applicable entity's health information management department, personnel in that department shall inform the holder of the requested information so that the holder may respond pursuant to the applicable policy.
4. Procedures for access to and amendment of any records are contained in the applicable policy.
5. Knowledge of violations of this policy should be reported to the applicable entity's Privacy Officer.

IV. Appendix

A. Forms

[Release of Information \(Patient or Authorized Representative\) \(English\)](#)

[Release of Information \(Patient or Authorized Representative\) \(Spanish\)](#)

[Release of Information \(Requestor Other than Patient or Authorized Representative\) \(English\)](#)

[Release of Information \(Requestor Other than Patient or Authorized Representative\) \(Spanish\)](#)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Patricia Ness: Clin Nurse Education Spec	04/2020
	Jerylyn Williams: Chief Audit & Compliance Ofcr	04/2020
	David Behinfar: HCS Exec Dir Privacy	04/2020

Applicability

UNC Medical Center



Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

<i>Patient's Name (print)</i>	<i>Phone Number</i>	<i>Date of Birth</i>
<i>Patient's Address</i>		<i>Medical Record #</i>

INFORMATION THAT CAN BE RELEASED: If specific dates only, list dates: _____

Type of Records Being Requested (check all that apply):

- | | |
|------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> All My Medical Records | <input type="checkbox"/> Emergency Dept. Notes |
| <input type="checkbox"/> Urgent Care Center Notes | <input type="checkbox"/> History and Physical |
| <input type="checkbox"/> Operative/Procedure Notes | <input type="checkbox"/> Provider Orders |
| <input type="checkbox"/> Discharge Summaries | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Progress Notes (inpatient) |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Patient Billing Records |
| <input type="checkbox"/> Film/CD (Imaging Support) | <input type="checkbox"/> Nursing Notes |
| <input type="checkbox"/> Clinic Notes (outpatient) | |
| <input type="checkbox"/> Other (describe in detail): _____ | |

Person/Company that you wish to receive your records

Name: _____
 Address: _____

 Phone Number: _____
 Fax (if applicable): _____

Please check if you wish to authorize the release of sensitive medical information: Mental Health/Psychiatric Treatment Genetic Testing Information Alcohol or Substance Abuse Treatment STD/HIV/AIDS Treatment(s) or Test(s)

Format Requested / Delivery Method

- Mail paper records to address listed above
- Review or pick up paper records in Health Information Management (HIM) Department
- Verbal release to person identified above
- Fax to number listed above (Health care providers only; no personal faxes)
- Other: (describe) _____

Receive electronically via email (check one and print email address)

Unsecure/unencrypted* Secure/encrypted (may be size limitations) Email: _____

*communication by unencrypted email presents a risk that personally identifiable information contained in the email, may be intercepted by unauthorized third parties

Release to web portal via MyUNC Chart in electronic format. (Access will only be available for 30 days; you may print and/or save a copy for personal use) **This option is only available for records that were created in Epic.

Fees: A reasonable cost-based fee may be charged for copies of records being requested. Patients may request a cost estimate from HIM in advance.

If you do not have a MyUNC Chart you may sign up for an account here:
<https://myuncchart.org/mychart/>

Expiration: Unless previously revoked, this Authorization will expire on the following date, event or condition: (list date, event or condition) _____ . If I fail to specify an expiration date or event or condition, this Authorization shall remain in effect for **one (1) year** from the date I sign it.

<i>Signature of Patient</i>	<i>Date</i>	<i>Time</i>
<i>OR Signature of Authorized Representative</i>	<i>Date</i>	<i>Time</i>
<i>Printed Name of Authorized Representative</i>	<i>Phone Number of Authorized Representative</i>	

Explain Representative's authority to act on behalf of the Patient:



Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

Please send your completed Request for Patient Access to Protected Health Information (PHI) Form by fax or mail to the entity listed below (If only requesting film please send request to applicable facilities radiology department):	
For:	Send to:
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu
UNC Hospitals Radiology Department	(fax) 984-974-8814; (phone) 984-974-9362 Email: FILMmail@unchealth.unc.edu
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158
Rex Healthcare / Rex Hospital Radiology Department	(fax) 919-784-3497; (phone) 919-784-3023
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169 (phone) 828-757-5100
Caldwell Memorial Hospital Radiology Department	(fax) 828-757-5206; (phone) 828-757-5204
Chatham Hospital	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804
Chatham Hospital Radiology Department	(fax) 919-799-4601; (phone) 919-799-4600
UNC Physicians Network	Return directly to UNC Physicians Network Clinic
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (phone) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194



Solicitud del paciente de acceso a la información médica protegida

Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

Nombre del paciente (en letra de molde)	Número de teléfono	Fecha de nacimiento
Dirección del paciente		Núm. de expediente médico

INFORMACIÓN QUE PUEDE SER DIVULGADA: Si solo son fechas específicas, indique las fechas: _____

Información solicitada (marque todos los que correspondan):

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Todo el expediente médico | <input type="checkbox"/> Historia clínica de la sala de emergencias |
| <input type="checkbox"/> Historia clínica del centro de cuidados urgentes | <input type="checkbox"/> Entrevista y exploración clínica |
| <input type="checkbox"/> Historia quirúrgica/de procedimientos | <input type="checkbox"/> Órdenes de los proveedores |
| <input type="checkbox"/> Resúmenes de alta | <input type="checkbox"/> Consultas médicas |
| <input type="checkbox"/> Informes de laboratorio | <input type="checkbox"/> Historia clínica (paciente hospitalizado) |
| <input type="checkbox"/> Informes de radiología | <input type="checkbox"/> Registros de facturación |
| <input type="checkbox"/> Radiografías o CD | <input type="checkbox"/> Historia clínica de enfermería |
| <input type="checkbox"/> Historia clínica (paciente ambulatorio) | |
| <input type="checkbox"/> Otro (describa en detalle): _____ | |

Persona o entidad que usted desea que reciba la información

Nombre: _____
 Dirección: _____

 Número de teléfono: _____
 Número de fax (si procede): _____

Indique si desea autorizar la divulgación de información médica delicada: Salud mental/Tratamiento psiquiátrico Pruebas genéticas
 Tratamiento para el alcoholismo o la drogadicción Tratamientos o pruebas de enfermedades de transmisión sexual, VIH o SIDA

Formato solicitado / Modo de entrega

- Enviar por correo postal a la dirección antes mencionada
 Revisar o recoger registros impresos en el Departamento de gestión de información médica (Health Information Management-HIM)
 Divulgación verbal a la persona antes mencionada
 Enviar por fax al número antes mencionado (a proveedores solamente; no fax personal)
 Otro: (describa) _____

Tarifas: Es posible que se cobre una tarifa moderada basada en los costos de hacer copias de la información solicitada. Los pacientes pueden pedir del HIM un estimado de la tarifa de antemano.

- Recibir por correo electrónico (marque uno y escriba la dirección)
 No seguro/ni cifrado* Seguro/cifrado (puede que haya limitaciones de tamaño). Correo electrónico: _____

*La comunicación por correo electrónico no cifrado conlleva el riesgo de que la información personal identificable, contenida en el mensaje, pueda ser interceptada por terceras partes no autorizadas.
 Divulgar en formato electrónico por el portal de My UNC Chart. (El acceso está disponible por 30 días. Se puede imprimir y grabar una copia para su uso personal.) **Esta opción está disponible solo para los registros creados en Epic.

Si no tiene una cuenta de My UNC Chart, regístrese aquí:
<https://myuncchart.org/mychart/>

Caducidad: A menos que se revoque antes, esta autorización caducará en la fecha o por el evento o condición siguiente: (Especifique la fecha, el evento o condición) _____. Si no especifico una fecha de caducidad, un evento o una condición, esta autorización caducará **un (1) año** después de la fecha de la firma.

Firma del paciente	Fecha	Hora
O firma del representante autorizado	Fecha	Hora
Nombre del representante autorizado en letra de molde	Número de teléfono del representante autorizado	
Explique la autoridad del representante para actuar en nombre del paciente:		



Solicitud del paciente de acceso a la información médica protegida

Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

Envíe la Solicitud del paciente de acceso a la información médica protegida completada por fax o correo postal a la entidad mencionada a continuación (Si se solicitan radiografías solamente, envíe la solicitud al departamento de radiología de la entidad pertinente):	
<u>Para:</u>	<u>Enviar a:</u>
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (teléfono) 984-974-3226 Correo electrónico: relmedinfo@unchealth.unc.edu
UNC Hospitals Radiology Department	(fax) 984-974-8814; (teléfono) 984-974-9362 Correo electrónico: FILMmail@unchealth.unc.edu
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (teléfono) 919-784-3158
Rex Healthcare / Rex Hospital Radiology Department	(fax) 919-784-3497; (teléfono) 919-784-3023
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169 (teléfono) 828-757-5100
Caldwell Memorial Hospital Radiology Department	(fax) 828-757-5206; (teléfono) 828-757-5204
Chatham Hospital	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (teléfono) 919-799-4804
Chatham Hospital Radiology Department	(fax) 919-799-4601; (teléfono) 919-799-4600
UNC Physicians Network	Entregue directamente en la clínica de UNC Physicians Network
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (teléfono) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (teléfono) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (teléfono) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (teléfono) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (teléfono) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (teléfono) 336-627-6194

Translated by UNC Health Care Interpreter Services, 11/07/19



Authorization to Use or Disclose Protected Health Information (PHI)

HIM# 710s

<i>Patient's Name (print)</i>		<i>Date of Birth</i>	
<i>Patient's Address</i>		<i>City</i>	<i>State</i>
<i>Phone #</i>		<i>Medical Record # (if known)</i>	
I AUTHORIZE THE RELEASE OF MY PHI FROM:			
<i>Name of UNC Health Care Hospital, Clinic, Entity or UNC Physicians Network Clinic that may release my PHI:</i>			
I AUTHORIZE THE RELEASE OF MY PHI TO:			
<i>Name of Person, Organization, or Facility</i>			
<i>Street Address (including city, state, and zip code)</i>			
<i>Phone Number</i>		<i>Fax Number</i>	
Records To Be Released If specific dates only, list dates: _____			
<i>(Check all that apply)</i> <input type="checkbox"/> Clinic Notes (outpatient) <input type="checkbox"/> Emergency Dept. Notes <input type="checkbox"/> Urgent Care Center Notes <input type="checkbox"/> History and Physical <input type="checkbox"/> Discharge Summary		<input type="checkbox"/> Operative/Procedure Notes <input type="checkbox"/> Provider Orders <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Consultations <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Other (describe in detail): _____	
<input type="checkbox"/> Progress Notes (inpatient) <input type="checkbox"/> Patient Billing Records <input type="checkbox"/> Film/CD (Imaging Support) <input type="checkbox"/> All My Medical Records <input type="checkbox"/> Nursing Notes		I further authorize the release of the following information which may be included in my PHI: <input type="checkbox"/> Mental Health/Psychiatric Treatment <input type="checkbox"/> Alcohol or Substance Abuse Treatment <input type="checkbox"/> STD/HIV/AIDS Treatment(s) or Test(s) <input type="checkbox"/> Genetic Testing	
Purpose of the Request (check one)			
<input type="checkbox"/> Billing or Insurance <input type="checkbox"/> Treatment/Continued Patient Care <input type="checkbox"/> Personal <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____			
Delivery Method (check one)		<input type="checkbox"/> Receive electronically via email	
<input type="checkbox"/> Mail to patient's address listed above <input type="checkbox"/> Review or pick up in HIM Department <input type="checkbox"/> Fax to # listed below (<i>Health care providers only, no personal faxes</i>) Print Fax #: _____		(check one and print email address) <input type="checkbox"/> Unsecure/unencrypted* <input type="checkbox"/> Secure/ encrypted (<i>may be size limitations</i>) Email: _____ <small>*communication by unencrypted email presents a risk that personally identifiable information contained in the email, may be intercepted by unauthorized third parties</small>	
		<input type="checkbox"/> Release to web portal via My UNC Chart in electronic format. <small>(Access will only be available for 30 days; you may print and/or save a copy for personal use) **This option is only available for records that were created in Epic.</small> If you do not have a MyUNC Chart you may sign up for an account here: https://myuncchart.org/mychart/	
Expiration			
Unless previously revoked, this Authorization will expire on the following date, event or condition: (<i>list date, event or condition</i>) _____ . If I fail to specify an expiration date or event or condition, this Authorization shall remain in effect for one (1) year from the date I sign it.			



Authorization to Use or Disclose Protected Health Information (PHI)

HIM# 710s

I hereby release UNC Health Care System and its affiliates and employees from any and all liability that may arise from the release of my PHI in accordance with this Authorization.

I have the right to revoke this Authorization at any time if I do so in writing and address it to the person or institution named above. The revocation will not apply to any information already released as a result of this Authorization.

I may refuse to sign this Authorization, and I cannot be denied or refused treatment if I refuse to sign. My refusal to sign this Authorization will not affect my treatment, payment, enrollment or eligibility for benefits or the quality of care I receive.

Once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy laws and could be re-disclosed by the person or agency that receives it.

I am aware that I may be charged a fee for this request as allowed by law.

My signature on this Authorization indicates that I am giving permission for the use or disclosure of the PHI described above.

<i>Signature of Patient</i>	<i>Date</i>	<i>Time</i>
<i>OR Signature of Authorized Representative</i>	<i>Date</i>	<i>Time</i>
<i>Printed Name of Authorized Representative</i>	<i>Phone Number of Authorized Representative</i>	
<i>Explain Representative's authority to act on behalf of the Patient:</i>		



Authorization to Use or Disclose Protected Health Information (PHI)

HIM# 710s

Please send your completed Authorization to Use or Disclose Protected Health Information (PHI) Form by fax or mail to the entity listed below (If only requesting film please send request to applicable facilities radiology department):	
<u>For:</u>	<u>Send to:</u>
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu
UNC Hospitals Radiology Department	(fax) 984-974-8814; (phone) 984-974-9362 Email: FILMmail@unchealth.unc.edu
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158
Rex Healthcare / Rex Hospital Radiology Department	(fax) 919-784-3497; (phone) 919-784-3023
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169; (phone) 828-757-5100
Caldwell Memorial Hospital Radiology Department	(fax) 828-757-5206; (phone) 828-757-5204
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Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194



Autorización para usar o divulgar información médica protegida (PHI)
Authorization to Use or Disclose Protected Health Information (PHI)
 HIM# 710s

<i>Nombre del paciente (en letra de molde) / Patient's Name</i>		<i>Fecha de Nacimiento / Date of Birth</i>	
<i>Dirección / Patient's Address</i>		<i>Ciudad / City</i>	<i>Estado / State</i>
<i>Teléfono / Phone #</i>		<i>Núm. de expediente médico (si se conoce) / Medical Record #</i>	

YO AUTORIZO LA DIVULGACIÓN DE MI INFORMACIÓN MÉDICA PROTEGIDA (PHI, por sus siglas en inglés) DE:
I AUTHORIZE THE RELEASE OF MY PHI FROM:

Nombre del hospital, la clínica o la entidad de UNC Health Care o UNC Physicians Network que puede divulgar mi PHI
Name of UNC Health Care Hospital, Clinic, Entity or UNC Physicians Network Clinic that may release my PHI:

YO AUTORIZO QUE MI PHI SE DIVULGUE A / I AUTHORIZE THE RELEASE OF MY PHI TO:

Nombre de la persona, la organización o el centro médico / Name of Person, Organization, or Facility

Dirección (incluyendo ciudad, estado y código postal) / Street Address (including city, state, and zip code)

<i>Número de teléfono / Phone Number</i>	<i>Número de fax / Fax Number</i>
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Información a divulgar - Si solo son fechas específicas, indique las fechas / Records To Be Released - If specific dates only, list dates:

<p>Marque todos los que correspondan</p> <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> Historia clínica (paciente ambulatorio) / <i>Clinic Notes (outpatient)</i></td> <td style="width:33%;"><input type="checkbox"/> Historia quirúrgica/de procedimientos / <i>Operative/Procedure Notes</i></td> <td style="width:33%;"><input type="checkbox"/> Historia clínica (paciente hospitalizado) / <i>Progress Notes (inpatient)</i></td> </tr> <tr> <td><input type="checkbox"/> Historia clínica de la sala de emergencias / <i>ED Notes</i></td> <td><input type="checkbox"/> Órdenes de los proveedores / <i>Provider Orders</i></td> <td><input type="checkbox"/> Registros de facturación / <i>Patient Billing Records</i></td> </tr> <tr> <td><input type="checkbox"/> Historia clínica del centro de cuidados urgentes / <i>Urgent Care Center Notes</i></td> <td><input type="checkbox"/> Informes de radiología / <i>Radiology Reports</i></td> <td><input type="checkbox"/> Radiografías o CD / <i>Film/CD (Imaging Support)</i></td> </tr> <tr> <td><input type="checkbox"/> Entrevista y exploración clínica / <i>History and Physical</i></td> <td><input type="checkbox"/> Consultas médicas / <i>Consultations</i></td> <td><input type="checkbox"/> Todos los expedientes médicos / <i>All My Medical Records</i></td> </tr> <tr> <td><input type="checkbox"/> Resumen del alta / <i>Discharge Summary</i></td> <td><input type="checkbox"/> Informes de laboratorio / <i>Laboratory Reports</i></td> <td><input type="checkbox"/> Historia clínica de enfermería / <i>Nursing Notes</i></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Otro (describa en detalle) / <i>Other (describe in detail):</i></td> <td></td> </tr> </table>	<input type="checkbox"/> Historia clínica (paciente ambulatorio) / <i>Clinic Notes (outpatient)</i>	<input type="checkbox"/> Historia quirúrgica/de procedimientos / <i>Operative/Procedure Notes</i>	<input type="checkbox"/> Historia clínica (paciente hospitalizado) / <i>Progress Notes (inpatient)</i>	<input type="checkbox"/> Historia clínica de la sala de emergencias / <i>ED Notes</i>	<input type="checkbox"/> Órdenes de los proveedores / <i>Provider Orders</i>	<input type="checkbox"/> Registros de facturación / <i>Patient Billing Records</i>	<input type="checkbox"/> Historia clínica del centro de cuidados urgentes / <i>Urgent Care Center Notes</i>	<input type="checkbox"/> Informes de radiología / <i>Radiology Reports</i>	<input type="checkbox"/> Radiografías o CD / <i>Film/CD (Imaging Support)</i>	<input type="checkbox"/> Entrevista y exploración clínica / <i>History and Physical</i>	<input type="checkbox"/> Consultas médicas / <i>Consultations</i>	<input type="checkbox"/> Todos los expedientes médicos / <i>All My Medical Records</i>	<input type="checkbox"/> Resumen del alta / <i>Discharge Summary</i>	<input type="checkbox"/> Informes de laboratorio / <i>Laboratory Reports</i>	<input type="checkbox"/> Historia clínica de enfermería / <i>Nursing Notes</i>		<input type="checkbox"/> Otro (describa en detalle) / <i>Other (describe in detail):</i>		<p>Además, autorizo la divulgación de la información a continuación, la cual puede que se incluya en mi PHI / I further authorize the release of the following information which may be included in my PHI:</p> <p><input type="checkbox"/> Salud mental/Tratamiento psiquiátrico / <i>Mental Health/Psychiatric Treatment</i></p> <p><input type="checkbox"/> Tratamiento para la drogadicción o el alcoholismo / <i>Alcohol or Substance Abuse Treatment</i></p> <p><input type="checkbox"/> Tratamiento(s) o prueba(s) de VIH, SIDA o enfermedad(es) de transmisión sexual / <i>STD/HIV/AIDS Treatment(s) or Test(s)</i></p> <p><input type="checkbox"/> Pruebas genéticas / <i>Genetic Testing</i></p>
<input type="checkbox"/> Historia clínica (paciente ambulatorio) / <i>Clinic Notes (outpatient)</i>	<input type="checkbox"/> Historia quirúrgica/de procedimientos / <i>Operative/Procedure Notes</i>	<input type="checkbox"/> Historia clínica (paciente hospitalizado) / <i>Progress Notes (inpatient)</i>																	
<input type="checkbox"/> Historia clínica de la sala de emergencias / <i>ED Notes</i>	<input type="checkbox"/> Órdenes de los proveedores / <i>Provider Orders</i>	<input type="checkbox"/> Registros de facturación / <i>Patient Billing Records</i>																	
<input type="checkbox"/> Historia clínica del centro de cuidados urgentes / <i>Urgent Care Center Notes</i>	<input type="checkbox"/> Informes de radiología / <i>Radiology Reports</i>	<input type="checkbox"/> Radiografías o CD / <i>Film/CD (Imaging Support)</i>																	
<input type="checkbox"/> Entrevista y exploración clínica / <i>History and Physical</i>	<input type="checkbox"/> Consultas médicas / <i>Consultations</i>	<input type="checkbox"/> Todos los expedientes médicos / <i>All My Medical Records</i>																	
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	<input type="checkbox"/> Otro (describa en detalle) / <i>Other (describe in detail):</i>																		

Propósito de la solicitud (marque uno) / Purpose of the Request (check one)

Facturación o seguro / *Billing or Insurance* Tratamiento o cuidado continuo del paciente / *Treatment/Continued Patient Care*

Uso Personal / *Personal* Legal / *Legal* Otro / *Other:* _____

Método de entrega (marque uno) / Delivery Method (check one)

<input type="checkbox"/> Enviar a la dirección del paciente arriba mencionada / <i>Mail to patient's address listed above</i> <input type="checkbox"/> Revisar o recoger en el Departamento HIM / <i>Review or pick up in HIM Department</i> <input type="checkbox"/> Enviar por fax al número a continuación (a proveedores solamente – no faxes personales) / <i>Fax to # listed below (Health care providers only, no personal faxes)</i> Número de fax / <i>Print Fax #:</i> _____	<input type="checkbox"/> Recibir por correo electrónico / <i>Receive electronically via email (marque uno y escriba la dirección)</i> <input type="checkbox"/> No seguro/ni cifrado / <i>Unsecure/unencrypted*</i> <input type="checkbox"/> Seguro/cifrado (puede que haya limitaciones de tamaño) / <i>Secure/ encrypted</i> Correo electrónico / <i>Email:</i> _____ <small>*La comunicación por correo electrónico no cifrado conlleva el riesgo de que la información personal identificable, contenida en el mensaje, pueda ser interceptada por terceras partes no autorizadas.</small>	<input type="checkbox"/> Divulgar en formato electrónico por el portal de My UNC Chart / <i>Release to web portal via My UNC Chart in electronic format.</i> <small>(El acceso está disponible por 30 días. Se puede imprimir y grabar una copia para su uso personal.) **Está opción está disponible solo para los registros creados en Epic.</small> Si no tiene una cuenta de My UNC Chart, regístrese aquí: https://myuncchart.org/mychart/
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Caducidad / Expiration

A menos que se revoque antes, esta autorización caducará en la fecha o por el evento o condición siguiente: / *Unless previously revoked, this Authorization will expire on the following date, event or condition:* (Especifique la fecha, el evento o condición) _____. Si no especifico una fecha de caducidad, un evento o una condición, esta autorización caducará **un (1) año** después de la fecha de la firma. / *If I fail to specify an expiration date or event or condition, this Authorization shall remain in effect for one (1) year from the date I sign it.*



Autorización para usar o divulgar información médica protegida (PHI)

Authorization to Use or Disclose Protected Health Information (PHI)

HIM# 710s

Mediante la presente libero a UNC Health Care System y sus afiliados y empleados de cualquier y toda obligación que pueda surgir de la divulgación de mi PHI de acuerdo con esta autorización.

Tengo el derecho de revocar esta autorización en cualquier momento siempre y cuando lo haga por escrito y la revocación se dirija a la persona o institución antes mencionada. La revocación no se aplicará a aquella información que ya ha sido divulgada como resultado de esta autorización.

Puedo negarme a firmar esta autorización y no me pueden denegar o rechazar el tratamiento por rehusarme a firmar.

Mi rechazo a firmar esta autorización no afectará mi tratamiento, pago, inscripción o idoneidad para beneficios ni la calidad de atención que yo reciba.

Una vez que la información sea divulgada de acuerdo con esta autorización, es posible que ya no esté protegida bajo las leyes federales de privacidad médica y puede que sea divulgada de nuevo por parte de la persona o la agencia que la haya recibido.

Yo entiendo que es posible que me cobren una tarifa por esta solicitud tal como lo permite la ley.

Mi firma en esta autorización indica que doy permiso para el uso o la divulgación mi PHI tal y como se ha descrito anteriormente.

<i>Firma del paciente / Signature of Patient</i>	<i>Fecha / Date</i>	<i>Hora / Time</i>
<i>O firma del representante autorizado / OR Signature of Authorized Representative</i>	<i>Fecha / Date</i>	<i>Hora / Time</i>
<i>Nombre en letra de imprenta del representante autorizado Printed Name of Authorized Representative</i>	<i>Número de teléfono del representante autorizado Phone Number of Authorized Representative</i>	
<i>Explique la autoridad del representante para actuar en nombre del paciente / Explain Representative's authority to act on behalf of the Patient:</i>		



Autorización para usar o divulgar información médica protegida (PHI)

Authorization to Use or Disclose Protected Health Information (PHI)

HIM# 710s

Envíe su formulario de Autorización para usar o divulgar información médica protegida (PHI) completado por fax o correo postal a la entidad mencionada a continuación (Si se solicitan radiografías solamente, envíe la solicitud al departamento de radiología de la entidad pertinente):	
Para:	Enviar a:
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (teléfono) 984-974-3226 Correo electrónico: relmedinfo@unchealth.unc.edu
Radiología - UNC Hospitals	(fax) 984-974-8814; (teléfono) 984-974-9362 Correo electrónico: FILMmail@unchealth.unc.edu
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (teléfono) 919-784-3158
Radiología - Rex Healthcare / Rex Hospital	(fax) 919-784-3497; (teléfono) 919-784-3023
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169; (teléfono) 828-757-5100
Radiología - Caldwell Memorial Hospital	(fax) 828-757-5206; (teléfono) 828-757-5204
Chatham Hospital	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (teléfono) 919-799-4804
Radiología - Chatham Hospital	(fax) 919-799-4601; (teléfono) 919-799-4600
UNC Physicians Network	Entregue directamente en la clínica de UNC Physicians Network
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577 (fax) 919-934-9266; (teléfono) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (teléfono) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (teléfono) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (teléfono) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (teléfono) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (teléfono) 336-627-6194

Translated by UNC Health Care Interpreter Services, 11/06/19

