

Geisinger Instructions to Complete the Patient Right of Access Form

A patient access fee of \$6.50 will be charged for providing records to patients and/or personal representatives¹

Patients/Personal Representatives: Carefully read and complete the Patient Right of Access Form. Ensure you date and sign the form.

Patient Information: Please fill out your name, address, date of birth, phone number, and medical record number in the top right corner of the form. If you don't know your medical record number, make sure to provide your birthdate.

Location: Please choose all sites or name the specific Geisinger clinic or hospital location(s) you are requesting records from.

Time Period: Please fill in the dates or time frame for the medical records you are requesting.

**Note: if you do not specify a timeframe, we will provide the previous 3 month timeframe from the submission date.*

Specific Information (PHI) to Release: If applicable, place an "X" by the specific items you are requesting. Use "Other" if a better choice is not listed. **Note: X-ray films and billing records will come from those departments and will be sent separately from your other medical records.*

Recipient: Provide the full name, complete address, and phone number of the recipient. Include a fax number or email if that is the option you choose under format.

Form/Format: Please select the form/format of the information: MyChart(pdf), paper, electronic format(CD), fax, or email. This is how you want your records delivered.

**Note: If you request your records in paper format, and the records exceed 250 pages, we will contact you for other options.*

Signature/Authorize: Please print your name, sign, and date the form. If the patient lacks legal capacity or is unable to sign, an authorized representative may sign for the patient. Please see details below:

Note: If the individual signing the Patient Right of Access Form is a guardian, executor of the estate, or power of attorney for the patient, that person must submit a copy of the appropriate legal document proving authority to act on behalf of the patient. A description of authority to act for the patient must also be completed. The documents must accompany the Patient Access Request Form if not already scanned into the patient's medical record.

- **Power of Attorney:** Provide the document.
- **Guardian:** Provide the guardianship papers.
- **Executor of Estate:** Write on the request "Estate" or "No Estate."

¹ A HIPAA personal representative is someone who has the legal authority to make health care decisions for another person. (e.g. power of attorney, parent of a minor, legal guardian, etc.)

- **No Estate:** Provide the death certificate.
- **Estate:** Provide the short certificate.

If the patient is deceased, the executor of the estate must write on the Patient Access Request Form "Estate" or "No Estate." If there is no estate, the death certificate must be submitted. The next of kin will need to sign the form. If there is an estate, a copy of the short certificate must be submitted. The executor of the estate is the only one who can sign the form to receive records.

Please make a copy for yourself of the completed form prior to providing it to Geisinger.