

Geisinger Instructions to Complete the Patient Access Request Form

Please note that a patient access fee may be charged for providing records.

To request your protected health information/medical records or to direct your medical records to someone else, please submit the completed **Patient Access Request Form** by following the instructions below:

Patients/Representatives: Carefully read and complete the Patient Access Form. Make sure you date and sign the form.

Patient Information:

Please fill out blanks in the top right corner of the form. If you don't know your medical record number, make sure your birthdate is listed.

Time-Period: Please complete the time frame of medical records you are requesting.

Specific Information to Release:

If it applies to your request, place an "X" by the items you are requesting.

Specially Protected Health Information:

Please note, if requesting information be sent to someone other than yourself, a valid HIPAA authorization form will be required if your record contains Alcohol/Substance Abuse, Mental Health and/or HIV/AIDS information.

<http://www.geisinger.org/pages/release-forms/authorization-to-release.html>

Select the Format:

Please select the format of the information: MyGeisinger, paper, or electronic format.

If requesting information be directed to someone other than the patient, full name, complete address, and phone number is required.

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 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 which proves authority to act on behalf of the patient. The relationship must also be specified. This documentation must accompany the Patient Access Request Form if it is not already scanned into the patient's medical record.

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.

PER HIPAA GUIDELINES, A COPY OF THIS FORM MUST BE RETAINED BY THE PATIENT.

Make a copy of your completed form prior to mailing the original to Geisinger.

Mailing Instructions:

The form cannot be processed unless it contains date and signature of patient or legal representative.

Mail or fax (if fax is provided below) the completed form and any required legal documents if applicable to the Geisinger location where your records are located.

<p>Geisinger Medical Center Attn: Release of Medical Information 100 North Academy Ave. Danville, Pa. 17822-1311</p> <p>Phone: 570-271-6319 (Option 1 + 5) Fax: 570-214-9523</p>		<p>Geisinger Wyoming Valley Medical Center Attn: Release of Medical Information 1000 E. Mountain Drive Wilkes-Barre, Pa. 18711</p> <p>Phone: 570-808-7822 Fax: 570-808-6063</p>
<p>Geisinger Bloomsburg Hospital Attn: Release of Medical Information 100 North Academy Ave. Danville, Pa. 17822-1311</p> <p>Phone: 570-271-6319 (Option 1 + 5) Fax: 570-214-9523</p>		<p>Geisinger Community Medical Center Attn: Release of Medical Information 1800 Mulberry Street Scranton, PA 18510</p> <p>Phone: 570-703-8155 Fax: 570-703-7266</p>
<p>Geisinger Shamokin Area Community Hospital Attn: Release of Medical Information 100 North Academy Ave. Danville, Pa. 17822-1311</p> <p>Phone: 570-271-6319 (Option 1 + 5) Fax: 570-214-9523</p>		<p>Geisinger Lewistown Hospital Attn: Release of Information 400 Highland Avenue, 4th Floor Lewistown, PA 17044</p> <p>Phone: 717-242-7252 Fax: 717-242-7544</p>
<p>Geisinger Viewmont Medical Attn: Release of Medical Information 435 Scranton Carbondale Highway Scranton, PA 15508</p> <p>Fax: 570-602-1404 Phone: 570-207-5487</p>		<p>Primary Care Physician Records May be requested directly from your care site.</p>
<p>Geisinger Medical Center Radiology Department – Film Requests Attn: Release of Medical Information 100 North Academy Avenue Danville, PA 17822-13-11</p>		<p>Geisinger Health – Billing Attn: Correspondence PSCC 39-21 P.O. Box 900 Danville, PA 17821</p> <p>Fax: 570-214-5741</p>
<p>Geisinger Holy Spirit Attn: Health Information 503 North 21st Street Camp Hill, PA 17011-8526</p> <p>Phone: 717-763-2660 Fax: 717-763-2920</p>		<p>Geisinger Cardiology Scranton Attn: Release of Information 475 Morgan Highway Scranton PA 18508</p> <p>Phone: 570-602-8515 Fax: 570-602-1404</p>

^[1] Throughout this letter the acronym "GHS" or the terms "System," "Geisinger" or "Geisinger Health System" shall refer to the entire Health Care System comprised of Geisinger Health ("GH") as parent and all subsidiary corporate entities comprising the Health Care System.

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