

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Address:



### Patient Request for Release of Information from UAMS

1. I, \_\_\_\_\_, hereby request information of:  
(Patient or the Patient's Legal Representative)

Patient Name \_\_\_\_\_ Medical Record No. (if known) \_\_\_\_\_

Date of Birth and/or Social Security No. \_\_\_\_\_ Patient Phone \_\_\_\_\_

2. I hereby direct UAMS to release the information requested to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street Address City State Zip

E-mail \_\_\_\_\_

3. Please select both the format (paper or electronic) you want UAMS to provide the information and the method of delivery (for example, e-mail, mail or you will pick up at UAMS).

**Format:**  Paper copy  Electronic copy

**Method of Delivery:**

- I will pick up at UAMS
- E-mail to address indicated above
- Mail to address listed above
- Other (please specify; for example, unencrypted flash drive, CD)

**Warning and Assumption of Risks:** UAMS does not guarantee information sent via email is secure and encrypted. There are security risks associated with emailing information in an unsecure and unencrypted manner, including, but not limited to, an unauthorized person or entity accessing or using the information. By requesting that UAMS send the requested information via email, I acknowledge I have been warned of and accept such risks.

UAMS does not guarantee information stored or maintained on an unencrypted flash drive/thumb drive is secure or protected. There are security risks associated with maintaining information on an unencrypted flash drive/thumb drive, including, but not limited to, an unauthorized person or entity accessing or using the information. By requesting that UAMS deliver it on an unencrypted flash drive/thumb drive, I acknowledge I have been warned of and accept such risks.



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MR#:

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**Patient Request for Release of Information from UAMS (continued)**

4. Information is to be limited to the following **Dates of Treatment** (if applicable):

\_\_\_\_\_

5. Information requested to be accessed or released:

- Abstract       Operative Report       ER Record       History & Physical
- Discharge Summary       Clinic Record       Physicians' Progress Notes
- Nurses' Progress Notes
- Other \_\_\_\_\_

Records of Other Providers on File with UAMS (if any) *(We must impose our standard fees as stated below. UAMS does not represent that these records are the complete records of the other providers. If you want a complete copy of the records created by the other providers for this patient, you may wish to contact each provider.)*

I understand that if the records requested to be released include photographs, videos or other images, and/or information relating to **sexually transmitted disease, AIDS or HIV, alcohol or drug abuse, or mental health information**, including records from the UAMS Psychiatric Research Institute, this information may be released pursuant to this request.

7. \_\_\_\_\_ Billing Records. For billing records, please contact UAMS Billing Office Customer Service at (501) 614-2160 or 1-800-422-3963.

8. I acknowledge I have received a copy of the attached fee schedule and agree to pay the copying cost, including other expenses allowed by law, such as the cost of any supplies, labor of copying, postage, or other expense incurred by UAMS to provide the copies requested.

Signature of Patient or Legal Representative \_\_\_\_\_ Date: \_\_\_\_\_

**If Legal Representative**, authority of Legal Representative \_\_\_\_\_  
(Such as parent of minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or health care proxy)



**UAMS Health Information Management  
Release of Information**

**Patient Requests for Health Records: Fee Schedule**

**Estimated Fees for Paper Records**

(These are approximate costs - do not send payment up front when requesting paper records. Requestors will be notified of actual fees when processing the request.)

- 1-100 pages: estimated charge \$3.17
- 101-250 pages: estimated charge \$6.92
- 251-500 pages: estimated charge \$11.87
- 501-750 pages: estimated charge \$16.82
- 751-1000 pages: estimated charge \$21.77
- 1000+ pages: estimated charge \$29.72

Note: Applicable postage not included.

**Fee for Electronic Records** (applicable postage is included)

There is a flat fee of \$6.50 for the following electronic releases:

- Email
- CD
- Unencrypted thumb drive

**Fee for Encrypted Thumb Drives**

Estimated charge \$31.18 (additional estimated charge of \$2.63 for postage if mailed)

UAMS Release of Information  
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Phone: 501-603-1520  
Fax: 501-686-8361  
himreleaseofinformation@uams.edu

