



For Office Use: MRN # \_\_\_\_\_

& Date Request Completed: \_\_\_\_\_

### Authorization for Release of Medical Information

I authorize Quincy Medical Group to allow release of, or request from another party, my medical records as outlined in this authorization. Please complete all areas of information to insure a complete authorized request (checkmark boxes that apply).

Patient information: Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Information requested: please check all that apply for dates of service \_\_\_\_\_ to \_\_\_\_\_

- Progress Notes  Employment related exams  Immunization Records  Lab Results
- X-ray and imaging reports ( requires copy of films)  Specific Provider Name \_\_\_\_\_

I understand that the information in my health record may include reference information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral, mental health services, and/or substance abuse. Counseling & psych notes from Providers will not be included and cannot be requested via this form. Patients 12 or older who consented to the treatment must authorize release of information.

I request that the protected health information be released:

- from Quincy Medical Group to facility or person listed or  to Quincy Medical Group from the facility listed below

Quincy Medical Group  
1025 Maine Street  
Quincy IL 62301  
Phone 217-222-6550 ext 3793  
Fax 217-223-6944

Facility / Provider Name: \_\_\_\_\_  
Address, City, State Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I request the records in  electronic or  paper (charges may apply) and sent via  mail,  pick up location \_\_\_\_\_  
 fax or  secure email to \_\_\_\_\_. Date records are needed by: \_\_\_\_\_

The information will be used for the following purpose (please check all that apply – not required):

- personal records  attorney  disability claim  insurance company  relocation of self
- continuation of care  transfer of care from Provider \_\_\_\_\_ to new Provider \_\_\_\_\_

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Records department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply treatment, payment or healthcare operations as the law provides.

This authorization will expire on \_\_\_\_\_. If I fail to specify an expiration date, this authorization will expire 90 days from the date it was signed. I understand that once the above information is disclosed, it may be re-disclosed by the recipient, and federal privacy laws or regulations may not protect the information. I understand authorizing the use or disclosure of the information as identified is voluntary. I need not sign this form to ensure healthcare treatment.

Information in your chart dated after the date listed below will not be included with this request. A new authorization will need to be completed. Should you require regular or standing requested information, you can sign up for MyChart on our website at quincymedgroup.com. This authorization does not allow for verbal sharing of information by the Provider offices.

\_\_\_\_\_  
Signature of patient or legal representative Date  
If signed by legal representative, relationship to patient \_\_\_\_\_

## Medical Records Requests

You may obtain a copy of your medical record from Quincy Medical Group. Use the Authorization for Release of Medical Information form attached. You may also use this form if you would like us to send a copy of the information to a third party. Please complete the form in its entirety and mail, fax or email the request to:

Quincy Medical Group  
1025 Maine Street  
Quincy, IL 62301  
Fax# 217-223-6944  
[roi@quincymedgroup.com](mailto:roi@quincymedgroup.com)

For assistance with your request, please call 217-222-6550 ext 3793.

Quincy Medical Group uses secure email to reply to your requests. We will encrypt email communications of your records unless you tell us you prefer us to use unencrypted email. We will verify with you if the request cannot be sent securely via email. Due to size limitations, some records may not be able to be sent via email.

Quincy Medical Group may charge a fee for copying requested health information. Please see the fee schedule listed below. There is no charge for records sent directly to another physician. If your request is to be sent to a third party, we will send the copying fee to the third party. They may charge to recoup those fees from you. All other requests for information will be charged as allowable by Illinois regulations regarding charging for records. For computer security, Quincy Medical Group will provide the cd used for your information. We cannot accept personal thumb drives or other devices.

Fee schedules:

- Patient requesting records within past 5 years for themselves sent via secure email – free of charge
- Patient requesting records for themselves over 5 years past for themselves - \$6.50
- Patient requesting records for themselves on paper or cd – first 19 pages are free, 20+ pages \$6.50
- Patients requesting records sent to other healthcare Providers or facilities past 2 years – free of charge
- Third parties requesting records per patient specific request and verified by the patient - follows same pricing above however the third party will be expected to pay the fee for the records.
- All other requests for records will follow Illinois Comptroller Pricing guidelines of medical record copying fees.

Quincy Medical Group will respond to your request for health information within 30 days of our receipt of your request. If, however, your health information is not readily accessible by Quincy Medical Group or is maintained in an off-site storage location, Quincy Medical Group has an additional 30 days to respond to your request. If we require additional time to respond to your request, we will contact you to inform you of this extension of time. As we do not normally require 30 days to process requests, please know that we do process requests in the order they are received. We appreciate your patience while we process your request.