

Request Your Records

All information contained in the Silver Hill Hospital medical record is confidential and protected by Federal Law under the Health Insurance Portability and Accountability Act (HIPAA).

An original properly completed HIPAA authorization form is required prior to the release of any information (exceptions per HIPAA regulation).

All authorizations must be signed by the patient or legal representative.

Requirements to sign an authorization for release of medical records:

- Patient - must be competent and of legal age of 16 or older
- Minor patients - signed authorization by legal guardian or custodial parent
- Deceased patients - signed authorization by Executor of the Estate with copy of court papers granting conservatorship
- Conservator - signed authorization by conservator with copy of court papers granting conservatorship

Fee:

No charge for copies of 15 pages or less, 16 pages or more are \$.65 per page. No charge for copies sent directly to physicians, hospitals, therapists or social service agencies.

All requests for medical record information are completed by the Health Information Management Department (HIM).

Contact Information:

Silver Hill Hospital
HIM Department
208 Valley Road
New Canaan, CT 06840
O: 203 801.2250
F: 203 567-8597



**AUTHORIZATION FOR THE RELEASE OF PROTECTED
HEALTH INFORMATION**

(Psychiatric, Substance Use Disorder & HIV-Related Information – Connecticut)

Patient Name: _____

Date of Birth: _____

1. Person Giving Authorization

I, _____, authorize Silver Hill to release my protected health information as described in this authorization.

If I am signing as a personal representative, I certify that I have the legal authority to act on behalf of the patient.

If not the patient, describe authority: _____

2. Information to Be Released

Entire medical record (This includes psychiatric/mental health records, substance use disorder treatment records, and HIV-related information, which cannot be separated from the record. This does not include Psychotherapy Notes or Substance Use Disorder Counseling Notes.)

Facility included in Release (check all that apply):

- Silver Hill Hospital
- Silver Hill Residential
- The Practice at Silver Hill
- Silver Hill New York

If not selecting the entire record, specify the type(s) of information to be released:

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric/mental health records | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Substance use disorder records | <input type="checkbox"/> Medications |
| <input type="checkbox"/> HIV-related information | <input type="checkbox"/> Lab results |
| | <input type="checkbox"/> Other: _____ |

3. Recipient

Myself (the patient / patient's authorized representative)

Address: _____

Phone: _____ Fax: _____ Email: _____

Another person or organization (complete below)

Name: _____

Organization (if applicable): _____

4. Method of Release (Check all that apply)

Secure Email

Email Address: _____

USB (select one of the following)

Windows-compatible

Mac-compatible

Mail (paper copy)

Mailing Address: (if different from above):

Fax

Fax Number: _____

In-person Pick-up

5. Purpose of Release

At the request of the individual/patient

Continuing Care

Insurance

Legal

Personal Use

Other: _____

6. Expiration

This authorization expires six (6) months from the date of signature, unless revoked earlier or unless a different expiration date is specified here: _____

7. Right to Revoke

I understand that I may revoke this Authorization at any time by submitting a written request to:

Silver Hill Hospital
Attn: Health Information Management (HIM) Department
208 Valley Road
New Canaan, CT 06840

Or

Fax: 203-567-8597

I understand that my revocation will not apply to information already released in reliance on this Authorization prior to receipt of my written request.

8. No Conditioning

Signing this authorization is voluntary and will not affect treatment, payment, or eligibility.

9. Redisclosure

Information released may no longer be protected under HIPAA.

Federal law provides special protections for substance use disorder treatment information.

Any records released relating to substance use disorder treatment will be accompanied by the following statement to the recipient:

This information has been released from records protected by federal confidentiality rules (42 CFR Part 2). 42 CFR Part 2 prohibits unauthorized use or disclosure of these records. The person about whom these records pertain must authorize any further release of these records in writing.

10. Signature

Signature: _____

Printed Name: _____

Relationship: _____

Date: _____