



If you need more information from your medical record than what is provided through the Patient Portal, you can request copies of Protected Health Information from Health Information Services (HIS).

1. Print and complete the Release of Information form. Follow the instructions at the bottom of the form to mail or fax it to HIS, or bring it to the department at HGB at 321 East Harris Street in Charlotte, Mich.
2. A driver's license or other government-issued photo ID must be presented when requesting medical records. If picking up someone else's records, you must present your own identification and Durable Power of Attorney paper work, or a signed letter from the patient authorizing release of their protected health information to you. Please bring a copy of the patient's identification as well to avoid delays in the release process.

Q: What are the hours of operation HIS?

A: HIS is open 8 a.m. to 4:30 p.m., Monday through Friday.

Q: How long will it take to get my records?

A: Please allow at least two business days from the time you submit the Release of Information form to process the request. More complicated requests for information that covers multiple visits or entire records may take up to 60 days to process.

Q: Is there a cost?

A: Most of the time, you can receive copies of medical records free of charge, however, charges *may* apply for records obtained as a result of legal or insurance company requests.

Q: Can I receive my child's records?

A: Yes, with the proper identification. Non-custodial parents can obtain records for their minor child(ren), unless legal documentation on file states otherwise. STD and pregnancy results *cannot* be given to the parent of a minor. Records *cannot* be given to parents of emancipated minors.

Q: What if I forget to pick up my records?

A: You may request on the form that your records be faxed or mailed. If you have selected to pick them up in person, but do not do so within 30 days, the copies are destroyed.

Hayes Green Beach Memorial Hospital cannot prevent re-disclosure of your information by the person or organization who receives your records under this authorization, and that information may not be covered by state and federal privacy protections after it is released. By signing the authorization, you release HGB from any and all liability resulting from a re-disclosure by the recipient.

