MICHIGAN MEDICINE Revenue Cycle Mid Service (HIM) **Release of Information (ROI) Unit** 3621 S. State Street 700 KMS Place Bay 11 – Mid Service Ann Arbor, Michigan 48108-1633 Phone: (734) 936-5490 Fax: (734) 936-8571	# 授权 # 医疗记录副件的发布(中文) **AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD (Chinese)** *（患者申请从密大医疗系统 UMHS 发送资料）* *(Patient Requests Information To Be Sent From UMHS)*	**For Clinic Use Only:** ☐ **Records sent from Clinic – please send form to Central Imaging** ☐ Mailed ☐ Picked Up ☐ Faxed **Date Received:** _____ **Date Processed:** _____ **Processed By:** _____ ☐ **Forwarding Request to ROI for processing**

请完整填写此表，以便我们能帮助你获取您索取的信息。

Please complete this form in its entirety so we can help you receive the information you are requesting.

1. 此项授权是自愿的。 我理解，密西根医学部不会基于我是否签署本文件来决定我的治疗、收费、注册或福利资格。 请参阅第二页看我们的收费表。

1. This authorization is voluntary. I understand that Michigan Medicine will not base treatment, payment, enrollment, or eligibility for benefits on my signing this document. Please see the second page for our fee schedule.

患者姓名 Patient Name:_____ 婚前姓名/又名 Maiden/AKA:_____

出生年月 Date of Birth:_____

街道地址 Street Address:_____

病历号 MRN (可选填) MRN (optional):_____

城市/州/邮政编码 City/State/Zip:_____

电话号码 Telephone #:_____

电子邮件地址 Email Address:_____

2. ☐ 我本人: 我请求密西根医学部将我受保护的健康信息发送给我本人到上面列出的地址。

Myself: I request Michigan Medicine to release my protected health information to Myself to the address listed above.

选择传送方式:☐ MyUofMHealth.org 患者门户 **☐ 电子版（电子邮件网络链接） ☐ 美国邮政**

Select delivery method: ☐ MyUofMHealth.org Patient Portal **☐ Electronic (email web link) ☐ US MAIL**

3. ☐ 其他: 我是患者或上述患者的合法授权代表，申请密西根州医学部将我的受保护健康信息（或上述患者信息）发布给：

Other: I am the patient, or the legally authorized representative of the patient listed above and request Michigan Medicine to release my protected health information (or the patient information listed above) to:

个人/人员 Individual/Person:_____

公司/机构 Company/Organization:_____

街道地址 Street Address:_____

城市/州/邮政编码 City/State/Zip:_____

电话号码 Telephone #:_____

选择传送方式:☐ 传真号码 （仅限医疗提供者 / 紧急):_____

Select delivery method: ☐ Fax # (only health providers / urgent):_____

☐ 美国邮政 ☐ 经认证的隔夜快递（需额外收费） ☐ 电子邮件_____

☐ US Mail ☐ Certified Overnight Delivery (extra charge) ☐ E-mail_____

4. 向其他个人/组织发布/披露的目的：

Purpose of release/disclosure to other person/organization:

披露的原因	***推荐的记录集（见第 5 节所述）***
☐ 后续医疗/医疗转诊	资料包 1
☐ 律师/法务	选定日期范围的资料包 2
☐ 保险公司	选定日期范围的资料包 1
☐ 工伤赔偿	事故发生日起的资料包 1
☐ 患者意愿书	按照患者的指示
☐ 其他（请注明）:	

_____

Reason for Disclosure	***Recommended Record Set (as described in Section 5)***
☐ Continuation of Care/Transfer of Care	Package 1

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☐ Attorney/Legal — Package 2 for a selected date range
☐ Insurance Company — Package 1 for a selected date range
☐ Workman's Compensation — Package 1 from date of incident
☐ Patient Directive — As directed by Patient
☐ Other (specify): _____

5. 将向上述方披露的记录集：使用 70-10232 表披露酒精/物质使用障碍信息。
Record set to be released to the party indicated above: Use form 70-10232 for release of alcohol / substance use disorder info.
我请求发布以下信息，其中可包括：*酒精和药物滥用/治疗； 心理和社工咨询；艾滋病毒（HIV）、艾滋病（AIDS）或艾滋病相关综合征（ARC）； 传染病或感染性疾病，包括性传播疾病、性病、肺结核和肝炎； 遗传信息和人口统计信息，用于本表所指定的目的和情况。*

I request the following information be released, which may include: *alcohol and drug abuse/treatment; psychological and social work counseling; HIV, AIDS or ARC; communicable disease or infections, including sexually transmitted diseases, venereal disease, tuberculosis and hepatitis; genetic information and demographic information, for the purposes and conditions designated on this form.*

资料包的选择（见第 4 节建议，下文中可有进一步说明）
Package selections (as recommended in Section 4, more may be specified below):

☐ 资料包 1: 关键**临床**书面文件 与特定事件、外伤或疾病有关（包括，如适用，病史和身体检查、出院总结、手术报告、咨询、门诊记录、检查报告和急诊临床医生记录）
Package 1: **Key Clinical** Written Documentation (includes, as applicable, history & physical, discharge summary, operative reports, consults, outpatient visit notes, test reports, ER clinician notes) related to a specific incident, injury or illness

从 ____/____/_____ (月月/日日/年年年年) 至 ____/____/_____ (月月/日日/年年年年)。 **如果未列出日期，则以过去的 24 个月为准。**
from ____/____/_____ (mm/dd/yyyy) to ____/____/_____ (mm/dd/yyyy). **If no dates listed, for the past 24 months.**

☐ 资料包 2: 所有文件 **临床**书面文件 从 ____/____/_____ (月月/日日/年年年年) 至 ____/____/_____ (月月/日日/年年年年) (如适用，包括
Package 2: **All Clinical** Written Documentation from ____/____/_____ (mm/dd/yyyy) to ____/____/_____ (mm/dd/yyyy) (includes, as applicable,

资料包 1 内容以及与护理记录、流程表、用药记录、医嘱等）。
Package 1 contents along with nursing notes, flow sheets, medication administration records, physician orders, etc.).

☐其他记录 *（请注明）*: Other Records (*Please specify*): _____

_____

☐ 仅限特定的提供者 Only Specific Providers: _____

请联系以下各个部门，以索取其记录（如适用）：
Please contact the individual departments below to request their records (as applicable):
*帐单记录 – 请致电 (855) 855-0863 Billing Records – Call (855) 855-0863
*放射科影像资料:请致电(734) 936-4517 可能需要额外收取费用
Radiology Films Images: Call (734) 936-4517 Additional Charges May Apply
*病理切片：请致电(800) 862-7284 可能需要额外收取费用
Pathology Slides: Call (800) 862-7284 Additional Charges May Apply

6. 此授权失效日期为： _____ *(请注明失效日期或事件)。*

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. **This authorization expires on:** _____ (*specify expiration date or event*).
如果失效日期留空，则授权将在签署日后 60 天后失效。
If the expiration date is left blank, the authorization expires 60 days from the signature date.

7. 撤销（取消）授权：我可以在任何时候撤销（取消）本授权。 撤销（取消）必须以书面形式提出，并按本表所列地址寄给 Medicine Michigan Revenue Cycle Mid Service（HIM）的信息发布单位（Release of Information Unit）。 撤销（取消）不适用于已经发布的信息。 如果获得此授权作为提供保险的条件，则授权将不适用于我的保险公司，前提是法律赋予我的保险公司对保单或保单本身的索赔提出异议的权利。

Revoking (cancelling) authorization: I may revoke (cancel) this authorization at any time. Revocations (cancellations) must be made in writing and sent to the Michigan Medicine Revenue Cycle Mid Service (HIM) Release of Information Unit at the address listed on this form. Revocations (cancellations) will not apply to information that already has been released. If this authorization was obtained as a condition of providing insurance coverage, the authorization will not apply to my insurance company to the extent the law provides my insurer with the right to contest a claim under the policy, or the policy itself.

8. 备注： 一旦信息被披露，密西根医学部将不能再保护它免于被进一步披露。

Note: Once information has been disclosed, Michigan Medicine can no longer protect it from further disclosure.

9. 付款: 索取记录大多都会产生相关费用，如下所述。 ☐ 如需费用批准请勾选此项
Payment: There will be fees associated with most record requests as outlined below. ☐ Check if Fee Approval Required

_____ _____/_____/_____

患者或法定授权代理人签名（如患者未成年或无法签署） **日期** (月月/日日/年年年年)
Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign) **DATE** (mm/dd/yyyy)

_____

患者或法定授权代理人姓名印刷体（如患者未成年或无法签署）
与患者的关系: ☐ 配偶 ☐ 父母 ☐ 近亲 ☐ 法定监护人 ☐ 医疗护理永久代理人（附上复本）
Printed Name of Legally Authorized Representative (if patient is a minor or unable to sign)
Relationship to Patient: ☐ Spouse ☐ Parent ☐ Next-of-Kin ☐ Legal Guardian ☐ DPOA for Healthcare (attach copy)

有关您的申请的补充信息

Additional Information Regarding Your Request

代表他人索取医疗记录
如果您是为自己以外的其他人索取医疗记录，可能会要求您提供额外的文件，以证明您有合法的权利索取记录集。这些文件的示例包括代理书、监护文件、法律继承人宣誓书等。 请致电（734）936-5490 联系信息发布单位，以确定处理您的索取申请所需要的文件。

REQUESTING MEDICAL RECORDS ON BEHALF OF ANOTHER PERSON
If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request the record set. Examples of these documents include Letters of Representation, Guardianship

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Papers, Affidavits of Heir at Law, etc. Please contact the Release of Information Unit at (734) 936-5490 to determine the documentation that will be required to process your request.

提交申请和收取记录副本——没有现场服务：

- 邮寄至 Revenue Cycle Mid Service (HIM), Release of Information Unit 地址为 3621 S. State Street 700 KMS Place, Bay 11 – Mid Service, Ann Arbor, MI 48108-1633
- 传真至（Revenue Cycle Mid Service (HIM) 的信息发布单位，传真号码 (734) 936-8571

SUBMITTING REQUESTS & RECEIVING RECORD COPIES - No In-Person Service:

- Mailed to Revenue Cycle Mid Service (HIM), Release of Information Unit at 3621 S. State Street 700 KMS Place, Bay 11 – Mid Service, Ann Arbor, MI 48108-1633
- Faxed to Revenue Cycle Mid Service (HIM), Release of Information Unit at (734) 936-8571

我们处理申请的平均周转时间为五个工作日，再加上寄送时间。除非另有要求，否则记录将通过美国邮政寄送。紧急医疗情况下所需的记录将直接传真给医生或医疗机构。请在申请中注明您的电话号码，以备我们需要与您联系以获取更多信息。**有关索取医疗记录副本的问题，请联系：Michigan Medicine Revenue Cycle Mid Service—信息发布单位，(Release of Information Unit), 电话号码 (734) 936-5490。**

Our average turnaround time for processing requests is five business days plus shipping time. Unless otherwise requested, records will be sent through US Mail. Records needed for medical emergencies will be faxed directly to a physician or medical facility. Please include your phone number on your request, in case we need to contact you for additional information. **For questions regarding requests for medical record copies, please contact: Revenue Cycle Mid Service – Release of Information Unit at (734) 936-5490.**

收费标准由密西根州公共法案 2004 条例之 47, MCL 333.26269 的《医疗记录获取法案》授权并每年更新。 **联邦法规中提供了额外收费的指引。** 某些要求用于法律、保险或个人用途的记录索取可能需要预付款。如果您的申请需要预付款，在收到您的申请后，我们将向您发送收费通知。实际邮资和密西根州税费将添加到下面所列出的费用中。目前的收费标准可在以下网站找到 https://www.uofmhealth.org/patient-visitor-guide/medical-records. 从 2018 年 4 月起，记录费用将按以下方式计费：

FEES are authorized and updated annually by the State of Michigan Medical Records Access Act, P.A. 47 of 2004, MCL 333.26269. **Additional fee guidance is provided under federal regulations.** Some records requested for legal, insurance, or personal use may require a prepayment. If your request requires pre-payment, a fee notice will be sent to you upon receipt of your request. Actual postage and Michigan State tax will be added to the fees outlined below. The current Fee Schedule can be found at https://www.uofmhealth.org/patient-visitor-guide/medical-records. Records fees will be billed as follows as of April 2018:

患者：

——MyUofMHealth 患者门户 – 不收费
——电子记录电子交付 - 见收费表
——电子记录改为纸质邮寄 - 见收费表
——纸质记录的电子交付 - 见收费表
——纸质记录纸质邮寄 - 见收费表

Patients:

-MyUofMHealth Patient Portal – No fee
-Electronic Records Electronic Delivery – See Fee Schedule
-Electronic records to Paper Mailed – See Fee Schedule
- Paper Records Electronic Delivery – See Fee Schedule
- Paper Records to Paper Mailed – See Fee Schedule

律师和保险公司：

——州法律允许的文书费 - 见收费表
——每页费用 - 见收费表
——实际的邮费（如适用）
——患者意愿书 - 见收费表

Attorneys and Insurance Companies:

-Clerical Fee as permitted by State Law – See Fee Schedule
-Per Page Fees – See Fee Schedule
-Actual Postage Fees as Applicable
- Patient Directives – See Fee Schedule

如何取得我的健康记录电子或纸质副本？

Record Connect 是经批准的供应商，可为密西根医学部患者和家属提供医疗记录副本。

费用要多少？

发布的医疗记录	记录类型	费用
直接给于患者	以电子方式交付的电子记录	6.50 美元
直接给于患者	以纸质形式交付的电子或其他记录	6.50 美元加上税金和运费
患者指示将记录发送给家庭成员	以电子方式交付的电子记录	6.50 美元
患者指示将记录发送给第 三方	以电子方式交付，需要转换的电子和其他记录	初始费用：25.64 美元 加上转换文件的每页费用（见下文）
第三方请求医疗记录（**律师、保险和所有其他第三方**）	以纸质形式交付的电子或其他记录	初始费用：25.64 美元
		第 1-20 页：每页 1.28 美元
		第 21-50 页：每页 0.64 美元
		第 51 页以上：每页 0.26 美元

** 费用不包括邮费和税金

免费服务：

通过您的 MyUofMHealth 患者门户帐户请求记录是**免费的**（对于可以发布回门户帐户的记录）。

如果将记录直接发送给您的医生，以继续您的护理，则为**免费**。

传真：(734) 936-8571

电话：(734) 936-5490

住址：
信息发布
Release of Information
3621 S. State 700 KMS Pl
Bay 11 – Mid Service
Ann Arbor, MI 48108-1633

我们努力满足 5-7 个工作日的周转时间，但在 HIPAA 允许的情况下，请允许最多 30 天的处理时间。