PATIENT RELEASE OF INFORMATION

BalladHealth™

RC0200

Patient Identification

Patient Name:	Birth Date:	Last 4 Digits of Social Security Number
Address:	Telephone No. ( )	

Recipient of Information (Choose One)

____Patient or Patient's Personal Representative   ____Third Party (only electronic copy of Patient's electronic medical record/otherwise use Form MS-5864)

Requested Form of Copy (Choose One)

___ Inspection   ___ Paper   ___ PDF (CD)   ___ PDF (email)   ___ PDF (USB drive)
___ Other (please specify) _____

Method of Delivery (Choose One)

____Pick up/inspection (If other than patient, then specify name: _____)

____Mail paper copy, CD, or USB **to patient mailing address**: _____

____Electronic delivery (Email address: _____ or Fax # (   ) __ __ __ - __ __ __ __
          ____Secure email (will require login)
          ____Unencrypted email (by choosing this option, you accept the risk that your information could be viewed by an unauthorized person)

____MyChart

Description of Requested Information:

____ Abstract	____Billing Information	____Cardiac Studies/EKG	____Consult
____ Discharge Summary	____Emergency Room	____Entire Record	____History & Physical
____ Lab	____MD Progress notes/Orders	____Nursing Notes	____Operative Report
____ Pathology	____Physician/Clinic office record	____Radiology	Other _____

Treatment Dates: _____

Patient Portal: Please note the following information is available through the Ballad portal.

■ MyChart for Ballad Health: After Visit Summary, Discharge Summary, Select Laboratory and Radiology Results, Continuity of Care Document, Patient Education, Immunization Records, Medical History

API Access:

Accessing your medical record via an API (Application Programming Interface) is now available. If you have a different application you use and would like for Ballad to consider an application that is not currently connected, please let us know the details of the application.

Application Developer's Name: _____

Application Name: _____

You may obtain immediate access to certain information in your medical records at no cost through a Ballad Health patient portal. This includes access through the health app of your choice through an API (Application Programming Interface). For more information on how to access your information through our patient portals, including through your choice of health app, call 866-517-5873 for MyChart, or go online to www.balladhealth.org/patient-portals.

Time	Date	Signature of Patient/Parent/Conservator/Guardian	Relationship to Patient
Time	Date	Team member processing request	

☐ Verbal request received and identity verification completed per policy.
☐ Copy of Patient Release of Information form given to the patient.
☐ Copy of the Patient Release of Information form refused by the patient.

Form No. MS-0192   Revision Date: 8/25/2021   ORIGINAL- Medical Record   COPY- Patient