

Harris Regional & Swain Community Hospitals
Duke LifePoint Hospitals
AUTHORIZATION / REQUISITION
FOR RELEASE OF INFORMATION

For Office Use Only:
Verified By: _____
Lic. #: _____
ESL: _____

SECTION A: (This section to be completed by the patient)

Patient's Name: _____
Address: _____
City, state, Zip Code _____

For Office Use Only
Visit ID: _____ MRN _____
Date of visit: _____
page count _____

Date of birth: _____
Phone Number: _____

Check the information that is authorized for disclosure and dates of service / encounter if known to be released: _____

- Imaging Rpts
- Inpatient Visit
- Laboratory
- Outpatient Visit
- Emergency Visit
- Other: _____

Name of Recipient (if different from above) _____

Address _____

Purpose / Reason of Request _____

SECTION B: (Patient must read and complete information in this section)

I hereby authorize Harris Regional/Swain Community Hospitals to use/disclose my individually identifiable health information in the manner described within this authorization.

- I understand the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse. _____ (initial here)
- I understand that the persons hereby authorized to use/disclose information will not affect treatment or payment on my providing this authorization or that refusal to sign this authorization will not affect my treatment.
- I understand that information used or disclosed to an entity other than a health plan or health care provider may be subject to re-disclosure by the recipient and no longer protected by the Standards for Privacy of Individually Identifiable Health Information, as set forth in 45 CFR160 and 164.
- I understand that I may revoke this authorization at any time by notifying Harris Regional/Swain Community Hospitals] in writing, except to the extent that has already taken in reliance of the previous authorization period.
- I understand that I have the right to see this information described on this form if I ask to see it and I understand that I may request a copy of this form after I sign it.
- Please note: If a minor consents for their own treatment for pregnancy, venereal disease, emotional disturbance, or substance abuse, the minor must sign this authorization for release of these records.

Signature of Patient or Patient's Representative

Date

- If not signed by patient, please indicate relationship:
- Parent or guardian of minor patient
 - Guardian or conservator of incompetent patient
 - Beneficiary or representative of deceased patient

HOW DO OUR PATIENTS GET COPIES OF MEDICAL RECORDS?

Options include:

1. Harris Regional Hospital will send records directly to your health care provider at no cost to you:
 - Call the Release of Information staff at 828-586-7175.
2. Copies of records
 - Complete the enclosed consent form.
 - Mail the completed form in the envelope provided and the release of information staff will mail the records to you or your designee. Please be sure to put your phone number in case we have any questions.
3. Patient Portal – You can access your records through the patient portal.
 - Please review the attached pamphlet
 - This does require us to have your email address on file. This can be added by calling registration at the main hospital number 828-586-7000.

Thank you for helping us ensure the safety of our visitors, patients and staff.

WHAT IS THE PATIENT PORTAL?

We believe that every patient should have easy, instant access to his or her health information at any time.

We are pleased to present this opportunity through the use of our secure internet portal. Using this portal, you will be able to access your health information online.

All you need to activate this service is a valid email-address. You will then be able to access information from your visit, allergies, procedures, lab and radiology results, vital signs and more all in one place.

Please note: If you add any information to your personal health record, we cannot access those changes. All questions regarding test results should be directed to the patients primary care or ordering physician.

FREQUENTLY ASKED QUESTIONS

Is the Patient Portal safe?

Yes, secure-socket layer encryption technology is utilized.

When will health information/results be available on the Patient Portal?

All information will be available within 36 hours of discharge. In most cases, information is available immediately following discharge.

Will historical health information be available on the Patient Portal?

Data will be available for visits beginning July 1, 2014, for those who choose to use the service. Data will not be available for visits registered prior to July 1.

Can patients print their health information from the Patient Portal?

Yes. Patients can download or print their personal results, or other health information.



Patient Portal Information Guide

LET'S GET STARTED

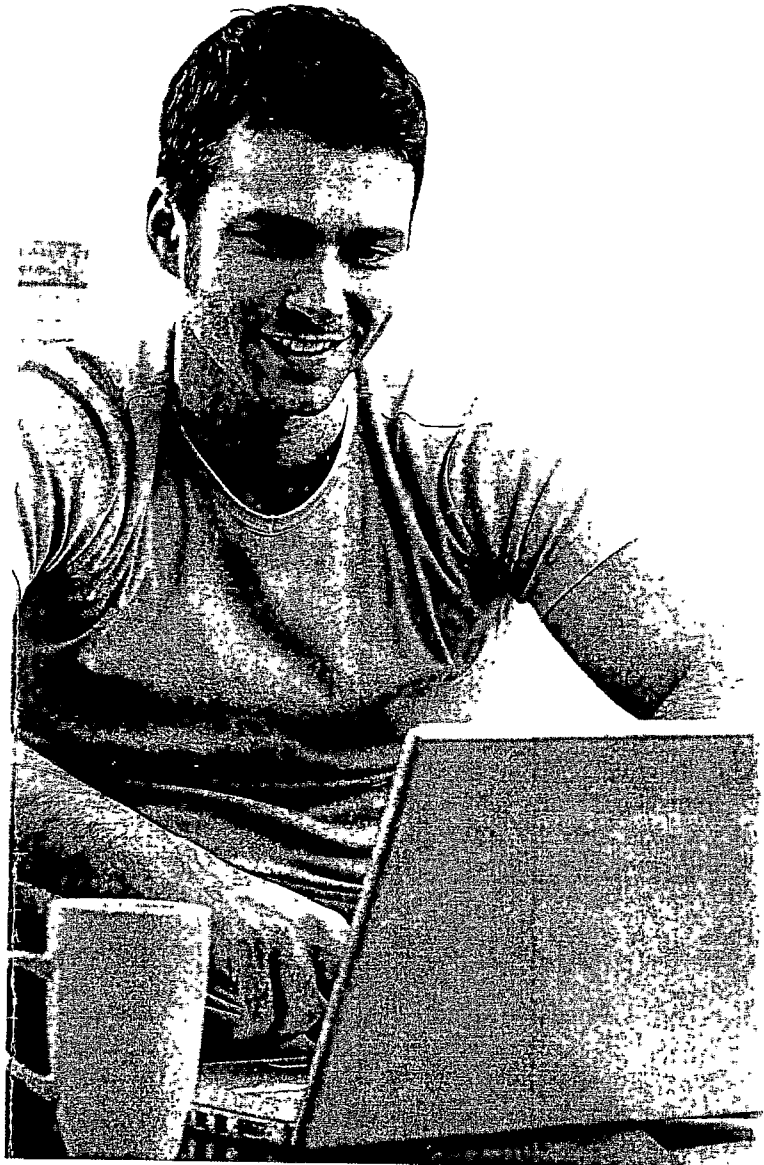
1. During registration, provide the hospital registrar with a valid email address.
2. Upon discharge, you will receive an email with a link to the Patient Portal.

PORTAL ACTIVATION

3. Check your e-mail and use the link to launch the online Patient Portal. www.relayhealth.com
4. You will be prompted to enter your name.
5. Create a User ID and password. Your User ID must be at least four characters in length and your password at least eight characters and contain no spaces and cannot contain your name.
6. Create three security questions to verify your identity in the event that you forget your password.
7. Verify your demographic information, e-mail address, birthday and gender.
8. Check the box to agree to the Terms of Use and Privacy Policy then click on Register.
9. Congratulations! Your account has now been activated.

QUESTIONS?

Contact RelayHealth Customer Support at 1.866.RELAY.ME (1.866.735.2963) or relayhealth-support@RelayHealth.com. You may also call 828.586.7892.



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