



Official Records Request Form

Authorization for Release of Records / Third-Party Request

Elmhurst Home Inc. maintains strict confidentiality standards regarding all client records in compliance with federal and state privacy laws, including:

- HIPAA – Health Insurance Portability and Accountability Act (45 CFR Parts 160 & 164)
- 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records
- Michigan Mental Health Code (MCL 330)
- Michigan Public Health Code (MCL 333)

Records will only be released when legally authorized and after verification of identity, authorization, or appropriate legal documentation.

SECTION 1–REQUESTOR INFORMATION

Name of Requesting Individual or Entity: _____

Organization / Agency (if applicable): _____

Relationship to Client Choose One
If other, indicate _____

Mailing Address: _____

City, State, Zip: _____ Fax: _____

Phone Number _____ Email Address _____

Preferred Method of Delivery: Choose One

SECTION 2 – CLIENT INFORMATION

Client Name _____ Client ID # (if known) _____

Date of Birth _____ Last Four Digits of SSN (optional) _____

Current or Previous Address: _____

City, State, Zip: _____ Phone Number _____

SECTION 3 – RECORDS REQUESTED

Please specify the records being requested:

- | | | |
|--|---|--|
| ☐ Medical Records | ☐ Medication Records | ☐ Mental Health Treatment Records |
| ☐ Substance Use Treatment Records | ☐ Therapy Notes | ☐ Billing Records |
| ☐ Other | | |

If other, indicate: _____

Date Range of Records Requested From _____ To _____

Purpose of Request (optional but recommended) - Choose One

If other, indicate: _____

Date records are needed by _____

SECTION 4 – CLIENT AUTHORIZATION

(If Required)

I authorize Elmhurst Home Inc. to release the records listed above to the requesting party identified in this document.

I understand that:

- My records may contain protected health information.
- Substance Use Disorder treatment records are protected under 42 CFR Part 2, and additional restrictions apply to disclosure.
- I may revoke this authorization at any time in writing, except to the extent that action has already been taken.

Authorization expires	☐	Upon completion of this request	☐	One year	☐	Other	
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Printed Name _____ Date _____

Signature _____ Date _____

Witness (Staff) _____ Date _____

SECTION 5 – LEGAL REQUESTS

(Courts, Attorneys, Government Entities, etc.)

If this request is being made under legal authority, please indicate the type of request and provide supporting documentation for the request - Select One If other, indicate below.

Important Notice:

A subpoena alone does not automatically authorize the release of client records. Additional requirements may apply depending on the type of records requested:

<u>Substance Use Disorder Records</u>	<u>Mental Health Records</u>
Protected under 42 CFR Part 2. Records may only be released for one of the following reasons. • The client provides written consent. • A Part 2-compliant court order is issued. A subpoena alone does not override federal law.	Protected under HIPAA (45 CFR) and Michigan law (MCL 330 & MCL 333). Elmhurst Home Inc. will disclose only the minimum necessary information required to fulfill the request unless otherwise required by law. Records may only be released for one of the following reasons. • A valid HIPAA authorization is provided by the client. • Proof that the client was notified and allowed to object. • A qualified protective order has been issued.

SECTION 6 – SIGNATURE OF REQUESTOR

I certify that the information provided in this request is accurate and that I am authorized to request these records.

Printed Name _____ Date _____

Signature _____ Date _____

RECORDS FEES

Elmhurst Home Inc. may charge reasonable fees for the copying and preparation of medical records as permitted by the Michigan Medical Records Access Act (MCL 333.26269).

Fees include

<i>Initial Fee</i>	<i>Copying Fees</i>	<i>Electronic Records</i>	<i>Additional Allowable Fees</i>
• \$32.08 Applicable for attorneys, insurance companies, and other authorized representatives acting on behalf of the client.	• Pages 1–20: up to \$1.60 per page • Pages 21–50: up to \$0.80 per page • Pages 51 and over: up to \$0.32 per page	• Actual costs of preparing the records.	• Postage/Shipping actual cost • Records older than 7 years and stored offsite; actual retrieval cost may be charged.

Important Notes Required by Michigan Law

- Clients cannot be charged the initial request fee for copies of their own medical records.
- Elmhurst Home Inc. may require payment before records are released.
- Medically indigent patients are entitled to one free copy of their records upon providing proof of eligibility for assistance programs.
- Fee limits may be adjusted annually by the State of Michigan based on the Detroit Consumer Price Index.

Records Request Processing Information

Elmhurst Home Inc. will process records requests as promptly as possible in accordance with federal and state law.

- **Requests for medical records will generally be fulfilled within thirty (30) days of receipt of a completed request and any required authorization.**
- If Elmhurst Home Inc. is unable to fulfill the request within 30 days, the requester will receive written notice explaining the reason for the delay and the anticipated completion date.
- In accordance with HIPAA (45 CFR §164.524), Elmhurst Home Inc. may extend the response time once for up to an additional thirty (30) days when necessary.
- Requests that are incomplete, unclear, or missing required authorization may delay processing.
- Requests involving legal review, subpoenas, court orders, or records protected under 42 CFR Part 2 may require additional processing time.
- Elmhurst Home Inc. will make reasonable efforts to process routine requests within 7–14 business days; however, the legally required processing timeframe is 30 days.

Requests submitted through subpoenas, court orders, or legal processes may require additional review to ensure compliance with HIPAA, 42 CFR Part 2, and Michigan confidentiality laws before records can be released.

SUBMISSION INSTRUCTIONS

Completed requests may be submitted through the following methods:

- Submission Link
- Email: records@ehinc.org
- In Person or via Mail: Elmhurst Home Inc. 12010 Linwood, Detroit, MI 48206 – Records Department
- Fax: 313-867-0706

Processing time may vary depending on the complexity of the request and applicable legal requirements. Elmhurst Home Inc. reserves the right to verify identity and authorization before releasing any records. If applicable, an invoice will be issued and must be paid in full before the release and distribution of records.
