



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.

FOR INTERNAL USE ONLY (STAFF)

Request Received By: _____

Date Received: _____

Client ID Verified: ☐ Yes ☐ No

Uploaded to Client Chart: ☐ Yes

Request Sent to Records Department: ☐ Yes

Records Fulfilled By: _____

Date Completed: _____

Internal Processing Guidelines

(Elmhurst Staff Only)

Staff Responsibilities

1. The following request types are processed by File Clerks:

1. SSI Requests, verification of services, and non-SSI requests received by mail, email, fax, etc.
2. Verification of Care Requests received from the client directly to Dr. Shah and the Nurse Practitioner.

2. Requests received by mail, email, fax, or in person must be forwarded immediately to the File Clerk.
 3. Do not place requests in a mailbox.
 4. If the File Clerk is unavailable, provide the request to a Supervisor or the File Clerk's Supervisor.
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5. The following request types are processed on the same day of the client appointment by the staff member delivering the service, as indicated in this section.

a. Verification of attendance at a session.

- i. Use the Verification of Visit template and place it in the client's hand or possession. If EHI sends to anyone other than the client, a Consent to Share has to be obtained.
- ii. Add a Progress Note - non-billable contact in the ESP client file to note the letter request, preparation of the letter, and disposition of the letter (provided letter to client).
- iii. Upload the letter to the client's chart.
 1. Scanned or Uploaded Document
 2. Document type - Other (Upload)
 3. Add
 4. Notes - Verification of Visit
 5. Save

File Room Processing

1. Label each page (top right corner) with:
 - o Client ID Number
 - o Client Name
2. Upload the request to the client's chart:
 - o Scanned or Uploaded Document
 - o Document Type: Other (Upload)

- o Select Add
- o Notes: Records Request
- o Save

3. Email the following information to:

records@ehinc.org

Include:

- Client ID Number
- Date request is needed
- Requesting entity, agency, or individual
- Contact information
- Specific records requested

SSI Requests, verification of services, and non-SSI requests	Verification of Care Requests
1. Label each page (top right) with client ID number and name. 2. Upload the request to the client's chart. a. Scanned or Uploaded Document b. Document type - Other (Upload) c. Add d. Notes - Records Request e. Save 3. Send the following request document and information below to records@ehinc.org a. Client ID # b. Request needed by day c. Requesting entity, agency, name of specific person, and contact information d. Records being requested 4. Await a response from records@ehinc.org (who is verifying the ability to act on the request).	1. Verify the following in ESP. The client has, a. at least five (5) sessions with a counselor, including: b. Two (2) intake/assessment sessions c. Three (3) individual therapy sessions d. A psychiatric evaluation. e. A Consent to Share Information that requests the verification of the care letter for PCU Psychiatrist (A. Shah) or the PCU Nurse Practitioner (D. Freeman). 2. Upon verification, the File Room alerts the staff member who requested the record. 3. A <u>Verification of Care</u> letter is prepared by the PCU Psychiatrist, the PCU Nurse Practitioner, or their designee. And sent directly to the consented party, and a copy to the client. a. Add a Progress Note - non-billable contact in the ESP client file to note the letter request, preparation of the letter, and disposition of the letter (provided letter to client). b. Upload the letter to the client's chart. c. Scanned or Uploaded Document d. Document type - Other (Upload) e. Add f. Notes - Verification of Visit g. Save

Administrative Staff - S. Henderson

1. Review the request type and client type (SUD only, MH only, SUD and MH).
2. Verify records protection (see table). Determine if consent is needed. Provide verification or lack of records to records@ehinc.org

SUD only client records	MH only client records	SUD and MH client
Protected by federal law 42 CFR Part 2 and state law (MCL 330 and MCL 333).	Protected by HIPAA (45 CFR) and state law (MCL 330 and MCL 333).	When a client has a SUD and an MH diagnosis, 42 CFR Part 2 controls the disclosure as it overrides HIPAA (45 CFR).
<u>Subpoena</u> Consent or a court order is required. A subpoena does not override federal law, i.e., 42 CFR Part 2. Attempt to get consent from the client. Alert primary Counselor and Clinical Supervisor. They will then, • Inform the client of the subpoena. • Explain to the client their rights. Email records@ehinc.org to status of consent (on file; not on file - declined). <u>If the client does not consent</u>, Administrative staff - M. Strong, respond to the subpoena requestor as follows. • Client records are protected under 42 CFR Part 2. A Part 2-compliant court order is required to release client records IF the client does not consent.	<u>Subpoena</u> <u>Does not automatically authorize release.</u> Ensure there is • a valid HIPAA authorization from the client, <u>or</u> • proof that the client was notified and given a chance to object, <u>or</u> • a qualified protective order. If one of the above is verified, email records@ehinc.org that verification was completed. If one of the above is not verified, Attempt to get consent from the client. Alert primary Counselor and Clinical Supervisor. They will then, • Inform the client of the subpoena. • Explain to the client their rights. Email records@ehinc.org to status of consent (on file; not on file - declined). <u>If the client does not consent</u>, Administrative staff - M. Strong, respond to the subpoena requestor as follows. • Client records are protected under HIPAA and state law, a valid HIPAA authorization from the client, <u>or</u> proof the client was notified and given a chance to object, <u>or</u> a qualified protective	Follow the steps for SUD only and MH only, since the client is both SUD and MH. Do not release combined MH/SUD records. • Attempt to separate records so non-essential information is not disclosed.

	order is needed for client records release.	
<u>Court Order</u> (i.e., probation, parole, etc.) A court order signed by a judge that references 42 CFR Part 2. Consent is <u>not required</u>. - Review court order for specific finding of good cause, minimum necessary limits to disclose, specific records requested, to whom, and for what purpose. Inform the client of the court order. - Explain to the client their rights. - Attempt to get consent from the client solely as a courtesy (but not required). Email records@ehinc.org to process requests.	<u>Court Order</u> (i.e., probation, parole, etc.) Consent is <u>not required</u>. Inform the client of the court order. - Explain to the client their rights. - Attempt to get consent from the client solely as a courtesy (but not required). Email records@ehinc.org to process requests to provide only what the order specifies and not to extend beyond - Intake note (Client Intake, Index 6, Initial Intake Assessment section, Diagnosis section, and Diagnostic Summary section), - Physical - Psychiatric Evaluation - Discharge Summary (only if client is discharged from EHI services) *Psychotherapy Notes (progress notes) are excluded unless specifically authorized.	
<u>Non-court non-legal connected requests</u> Consent is required. Alert primary Counselor and Clinical Supervisor. They will then, - Inform the client of the request. - Explain to the client their rights. Email records@ehinc.org to alert to status of consent (on file; not on file - declined). Administrator - M. Strong - See decline email verbiage above in columns 2 and 3.		

File Room

- Accomplish the records request to include providing a cover (e.g., SSI Fax Cover Sheet, EHI Records Request Invoice form, and [EHI Confidential Fax](#) [if faxing]) that identifies what is in the record i.e., document types (intake, discharge, etc.).

SSI Requests Workflow	Non-SSI Requests Workflow
- Do not use EHI Records Request Invoice. - Use SSI fax cover sheet; check billing box if needed. They will pay \$15 or the amount indicated on the cover sheet.	- File Room completes Records Request Invoice form. - Notify records@ehinc.org 3 business days before the due date.

● <u>Send records directly to the requester;</u> notify records@ehinc.org so they can track for payment. ● Upload cover page to ESP. All Scanned & Uploaded Documents with the Note/Comment section to reflect - Records Request Cover Page with Requester name. See Example below.	● Upload cover page to ESP. All Scanned & Uploaded Documents with the Note/Comment section to reflect - Records Request Cover Page with Requester name. See Example below.
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Example -

Showing 1 of 1 Document

Date  ² / Type  ¹	Staff 	Notes 	Details 
01/09/2026 Other (Upload)	Maranda Griffin	Records Request Cover Sheet - ABI REQ # 6970532-07	Uploaded By: Maranda Griffin on 02/11/2026 11:52 AM Uploaded File Name: 101023 - Summary of Documents (1).xlsx

Administrative Staff - M. Strong

1. Review [Records Request Invoice](#) form and determine payment requirements.
2. Request and process payment before release (if possible).
3. Send records to requester (zip, fax, printed, etc.).
4. Add a Progress Note - non-billable contact in the ESP client file to note sending the zip file with the records requested cover page.
 - a. Example - Records Request # provided to the requestor.