

NOTICE TO PATIENTS:

Please read this notice carefully and follow instructions for completing the authorization to release medical records.

Health Information Management (HIM) Department Contact Information:

New Orleans East Hospital Attention: <i>Release of Information</i> <i>R</i> <i>R</i>	Phone Number:	(504) 592-6590
	Fax Number:	(504) 592-6599

Instructions for Completing Authorization:

1. Complete all sections on the "AUTHORIZATION TO DISCLOSE OR RELEASE PROTECTED HEALTH INFORMATION" form. Incomplete forms will not be accepted (mandated by the Federal Guidelines for HIPAA).
2. Form must be completed by patient or authorized patient representative, with appropriate identification.
3. If patient is deceased, did not expire at this facility, and you are the next of kin, please include a copy of the death certificate.
4. Please send (mail, fax, or email) your completed Authorization to Release Protected Health Information form TO the appropriate location listed above.
5. If you have any questions regarding the release of your medical information, please contact the HEALTH INFORMATION MANAGEMENT DEPARTMENT at the location listed above.

Important Information about Authorization:

The authorization will terminate on the date indicated on the Authorization or when revoked in writing by the patient

Due to the volume of requests, LCMC Health contracts with a 3rd party vendor to assist with Medical Record Requests. MRO Corporation

- Service Charge:
 Paper 10¢ per page plus tax and postage
 Electronic 10¢ per page
- Electronic Delivery or CD:
 Flat fee of \$6.50