



Authorization for Release of Patient Health Records

Medical Record Number: _____ ROI Number: _____

Patient Name: _____ Date of Birth: _____

Previous/ Maiden Name: _____ Phone Number: _____

Reason for requested use or disclosure:

Patient request (personal use) Continuity of Care Other: _____

Information to be disclosed includes copies of:

Facesheet Emergency Room Record History and Physical Rehab. Notes
 Progress Notes Consultation Report Pathology Report Discharge Summary
 Nurses or Support Services Notes Operative or Procedure Report Med. Rec. Form
 Laboratory Results, X-ray, EKG, Echo, or other Diagnostic Tests Discharge Instructions
 Other, Specify: _____

I understand that Roy Lester Schneider Hospital, Myrah Keating Smith Community Health Center, Charlotte Kimelman Center Institute & SRMC Heart & Lung (RLS, MKS, & SRMC H&L) may deny this request for various reasons specified in the HIPAA Privacy Regulations. These include the following:

Reviewing Ground for Denial: *(You will be informed of these reasons)*

- A licensed health care professional has determined that the access requested is reasonably likely to endanger your life or physical safety or that another person.
- The Individually Identifiable Health Information makes references to another person (unless the other person is a health care provider) and a licensed health care professional has determined that assess required is reasonably likely to cause substantial harm to such other person; or
- The request for access is made by your personal representative and a licensed health care professional representative is reasonably liked to cause substantial harm to you or another person.

Non Reviewable Grounds for Denial: *(You will not be informed of these reasons)*

Revised: 02/01/2022

SRMEDICALCENTER.ORG

PH: 340.776.8311 FX: 340.714.6316 | 9048 Sugar Estate, St. Thomas, USVI 00802



ROY LESTER SCHNEIDER
HOSPITAL

MYRAH KEATING SMITH
COMMUNITY HEALTH CENTER

CHARLOTTE KIMELMAN
CANCER INSTITUTE

- The information is compiled by RLS, MKS, CKCI & SRMC H&L in anticipation of litigation.
- The information requested is prison medical records.
- The information is related to clinical research protocols and you have already consented that such records shall not be accessible to you during the research. The information was received from a confidential source and disclosure would put the source’s confidentiality at risk.
- The information is not disclosable under other federal or U.S.V.I. Laws.

RLS, MKS, CKCI & SRMC H&L will charge a fee to cover the cost of copying records:

\$10.00 Administrative Fee & \$1.00 per page

Contact the Compliance Officer for further information regarding your request or the action taken:

Roy Lester Schneider Hospital
Tina Comissiong, Esq.
9048 Sugar Estate
St. Thomas, U.S.V.I. 00802

I understand that I do not agree with the decision for the denial of the request and the denial is reviewable I may appeal the decision to the Compliance Officer listed above.

Patient or Patient Representative	Received by RLS, MKS, & CKCI
Patient Signature:	Signature:
Patient, Guardian or Legal Representative Signature:	Date:
Patient, Guardian or Legal Representative, if applicable (print name):	
Relationship to Patient:	
Date:	

NOTE: If signing for a minor, I hereby state that my parental rights have not been revoked by a court of law. A copy of this authorization is as valid as the original and expires 90 days after the date signed.

Revised: 02/01/2022