Information Sheet

These are general guidelines to help you complete your request for medical records and ensure that your request will be processed timely.

- **If you are a patient requesting records be sent to an attorney, insurance company for underwriting or payment of a claim, a cover letter from the organization must accompany your authorization form. OR the claim number or policy number must be written on authorization.**
- There may be a charge for your records – per Minnesota Statute 144.335.
- Blank sections will necessitate our returning the form to you and will cause a delay in your obtaining the records. Please review and complete all sections pertaining to your request.
- If records are needed by a certain date, please indicate in appropriate section.
- PNHS Mental Health/Chemical Dependency records will not be released unless indicated (see appropriate box on form).

**Patient requesting records for self with separate provisions for emancipated minors:**
- Under 18: emancipated minor must sign for own records as well as minor receiving treatment for chemical dependency, family planning or STD (sexually transmitted disease).
- If age 18 and over, the authorization must be signed and dated by the patient.
- Under 18 and not emancipated or receiving legally protected treatment: authorization must be signed and dated by parent/legal guardian.
- MN law provides that records requested by a patient for review of current care be copied without a fee to the patient. Also PNHS does not charge for records needed for continuing care or referral if the records are sent directly to the doctor’s office or hospital.
- Legal documentation must be sent regarding legal guardianship, medical power of attorney, death certificate, etc. This will be placed in the medical record.

**Attorneys, insurance companies, disability insurance requesting records:**
- Authorizations to release records must be HIPAA compliant.
- The patient must have indicated PNHS as the holder of the records requested.
- The authorization must state your company name as the person or firm who is to receive the records.
- The authorization signed and dated by the patient/legal guardian may be required to process your request.
- You will be billed for the copying fees, retrieval fees and postage for non-claim requests per MN Statute 144.335.
- Per the PNHS Fax Policy records will not be faxed except for continuing or emergent care.
- Health Information Management does not accept faxed requests, please send via US mail.