

MERRICK FIRE DEPARTMENT, NEW YORK
MEDICAL FOIL RECORDS REQUEST & HIPPA RELEASE

Dear Records Access Officer:

(1) Please send me the following Records if possible (include as much detail about the Records possible, such as relevant dates, names, descriptions, etc.):

(2) Please advise me of the appropriate time during normal business hours and location for inspecting the following Records prior to obtaining copies (include as much detail about the record as possible, such as relevant dates, names, descriptions, etc.):

(3) Please inform me of the cost of providing paper copies of the following Records (include as much detail about the record as possible, such as relevant dates, names, descriptions, etc.):

(4) If the requested Records cannot be emailed to me, please inform me by email of the portions that can be emailed and advise me of the cost for reproducing the remainder of the Records requested (\$0.25 per page or actual cost of reproduction).

(5) If the requested Records cannot be emailed to me due to the volume of Records identified in the response to my request, please advise me of the actual cost of copying all Records onto a CD or floppy disk.

(6) If my request is too broad or does not adequately describe the Records, please contact me so that I may clarify my request, and when appropriate inform me of the manner in which Records are filed, retrieved or generated. If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name, address and email address of the person or body to whom an appeal should be directed.

*Name :

Organization :

*Address :

*City :

*State :

*Zip :

Instructions for the Use
of the HIPAA compliant Authorization Form to
Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.