

STANDARD OPERATING PROCEDURES FOR REQUESTING MEDICAL RECORDS INFORMATION

Our patients here at Fox Army Health Center are our number one concern, we want to ensure you the best healthcare! To better protect your privacy, as of May 20 2002, Fox Army Health Center went to a closed records system. Per Army Regulation 40-66, medical records are the property of the U. S. Government and are subject to the same controls used to manage other government documents. Medical records has become a significant concern, as evident by the U.S. Congress decision to pass the Health Information Probability And Accountability Act of 1996. To ensure the highest quality of healthcare to protect the privacy for our patients, hand carrying of medical records within or outside of the treatment facility will no longer be allowed.

However, as of 1 August 2003, Fox Army Health Center will institute a new policy, which enables the active duty soldiers, family members, and retired military to request **one free courtesy copy** of their medical records for personal use. Once the courtesy copy has been provided, patients may request **one free courtesy copy** of each document subsequently added to their records. There however may be a charge levied for additional records requested.

To better assist you, if medical records information is needed for an appointment with an outside provider, the outside provider you are going to see, should request medical records for that appointment. The outside provider may contact Fox Army Health Center @ (256) 876-4005, 5 business days prior to your appointment, to allow adequate time to process your request. An Authorization For Disclosure of Information (DA Form 5006-R) will be available via the internet, at <http://www.redstone.amedd.army.mil>. Feel free to print the form out, and send the request via fax to (256) 842-0655, all medical information will be sent directly to the physician prior to your appointment.

An Authorization For Disclosure Of Information (DA Form 5006-R) must be fully completed and signed in order for your request to be processed. To ensure that your requests are processed within a timely manner, please complete all information, to include Name, SSN, Date of Birth, appointment date, time, reason for appointment and physician, along with a current phone number where you can be reached if needed. This is pertinent when information is needed for an outside provider. For all other requests, please complete all information, to include Name, SSN, Date of Birth, along with a current phone number where we can reach you if needed, complete mailing address and phone number of physician where records are being requested from so that your request can be processed promptly.

To ensure our patients the best quality healthcare possible, your cooperation in this matter is greatly appreciated. If you have any questions or concerns in regards to the request of medical information, please feel free to contact the Chief of Patient Administration at 876-8513.