

Instructions for Obtaining Your Medical Records and Completing the SMG Authorization to Use and Disclose Protected Health Information Form



I. Instructions for accessing your medical records via your Steward Patient Portal Account

- If you are not already registered with the Steward Patient Portal (StewardCONNECT) please visit: www.stewardconnect.org to set up your account.
- Your medical records are available for print through the portal home page.
 - Click on the HEALTH INFORMATION drop-down on the left-hand side.
 - Click PRINT RECORD and follow the instructions.
- If you are unable to locate specific information via the portal, proceed with completing the **SMG Authorization to Use and Disclose Protected Health Information Form**, following the instructions below.

II. Instructions for Completing the SMG Authorization to Use and Disclose Protected Health Information Form

- Please print and complete each section of the form. Be sure to PRINT CLEARLY all entries on the form to avoid any potential delays in processing your request. Additional instructions for completing this form are included below.

SECTION I: Patient Information

- Please complete all patient information, including any other previous names used.

SECTION II: I Hereby Authorize Steward Medical Group To

- Clearly specify where you are requesting the records are to be released to or from.

SECTION III: Purpose of Request

- Be sure to select the appropriate purpose of the request.

SECTION IV: Information to be Released

- Specify whether you are requesting a 2-year abstract of all your records **OR** complete the information for the other options listed in this section.
- Enter the specific provider's name you are requesting information for or enter "ALL" for all Steward providers.

SECTION V: Delivery Format

- Please select only **ONE** method of delivery listed in this section.
- Email delivery is the preferred and fastest option to process your request.
- If nothing is selected, electronic copies will be sent via Secure email by default (if you have provided an email address).

SECTION VI: Restricted Authorization to Release Protected Information

- Sensitive information, as defined by the categories listed on the form, will not be released unless you provide specific authorization by **INITIALING** in the box to the left of each appropriate category.

SIGNATURE/ DATE

- The request will not be processed without a valid Patient or Parent/Legally Recognized Representative signature and date.

SUBMITTING FORM

- You can deliver your completed form to your provider's office in-person, by fax, or by mail.
- Please direct all medical request questions to your provider's office.
- If the practice location has closed or moved, please contact DoctorFinder for assistance at: #1- 800-488-5959.

FEE INFORMATION:

- For Patients requesting a copy of their medical records, *Pursuant to HIPAA 45 CFR, 164.524*, we reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. If you want the entire medical record or more than the two-year abstract, the rate will increase proportionately based on the cost. For all other release of information requests, the applicable US state statute governing fees for medical records will be applied.