



Health Information Services

REQUEST FOR MEDICAL RECORDS

(For Non Patient Care Purposes)

Review activities include, but are not limited to, access for clinical studies and research, quality/utilization review, billing and coding review, clinical guideline development.

1. Submit requests by completing this form and deliver to 1222 JPA, Room 1301 OR fax to 924-2432. HIS will not accept requests over the phone.
 - This form must be completed and submitted for all reviews, published or unpublished.
2. For access to Epic (Release to Inspector), it is the responsibility of the requesting person/Department to complete and submit an "Access Request Form" for all users, internal and external, **prior to the review**.
3. Complete the Medical Record Request List (page 3) to review medical records.

<p style="text-align: center;">Purpose of Review</p> <p><input type="checkbox"/> Study/Research IRB # _____ (Do not use this option if the subject has not yet signed a consent form for this protocol.)</p> <p><input type="checkbox"/> Review Preparatory to Research*</p> <p><input type="checkbox"/> Research on Decedent's Information*</p> <p><input type="checkbox"/> Billing</p> <p><input type="checkbox"/> QA/QI</p> <p><input type="checkbox"/> Review performed directly in Epic</p> <p><input type="checkbox"/> Other _____</p> <p>*These reviews require that you complete and submit the additional form on Page 2 of these instructions.</p>	<p style="text-align: center;">Requestor Information</p> <p>Date of request: _____</p> <p>Requested by: _____</p> <p>Clinic/Dep't: _____</p> <p>Phone #: _____</p> <p>Supervising Attending Physician or Responsible Party: _____ _____</p>
<p style="text-align: center;">Contact Information</p> <p style="text-align: center;">Health Information Services Department 1222 JPA, Room 1301 P.O. Box 800476 Phone: 982-1693 Fax: 924-2432</p> <p style="text-align: center;">HIS Record Review Hours</p> <p style="text-align: center;">8:00 A.M. – 5:00 P.M., M – F</p> <p style="text-align: center;">An appointment must be scheduled prior to review records during other hours/days</p>	<p style="text-align: center;">Please Note</p> <ul style="list-style-type: none"> • Service dates after 8/18/03 are in Epic. Dates between 1/1/00 and 8/17/03 are in hard-copy records. Dates of 12/31/99 and prior are on microfilm. • Hardcopy records and microfilm are reviewed solely in HIS.



HEALTH INFORMATION SERVICES

REPRESENTATION FOR REVIEWS PREPARATORY TO RESEARCH AND RESEARCH ON DECEDENT'S INFORMATION

(An IRB number is not required)

Reviews Preparatory to Research

I affirm that the requested access is sought solely to review protected health information, as necessary, to prepare a research protocol or for similar purposes preparatory to research, and that this information is necessary for research purposes.

I will not remove any protected health information from this institution.

I will not contact potential research subjects prior to IRB approval of protocol.

Research on Decedent's Information

I affirm that the requested access to a decedent's protected health information is solely for research, and that the information requested is necessary for research purposes.

I will provide documentation of the deaths of such individuals at the request of Health Information Services.

NOTE:

If data taken from review of medical records will be disclosed outside of UVa with any of the following identifiers, an application must be submitted to the Institutional Review Board for Health Sciences Research (IRB-HSR) or Institutional Review Board for Social and Behavioral Sciences (IRB-SBS):

Patient name	Social security number	Certificate/license number
Street address	Medical record number	Vehicle identifier and serial number
Telephone number	Account number	URL and IP address
E-mail address	Health Plan number	Full face photo or other comparable image
Fax number	Biometric identifier	Device identifier and serial number

Any other unique identifying number, characteristic or code

Signature of Requestor

Date

Print Name

