

This release authorizes Allegheny Health Network to disclose your Electronic Health Information ("EHI") in a Machine-Readable format. Machine-readable EHI is not hard copies of your medical records. Instead, "Machine-Readable" format means that the data is structured to be consumed by another software program using consistent processing logic, consistent with the National Institute of Standards and Technology's definition of "machine-readable," as required by the 21st Century Cures Act.

If you wish to request PDFs or hard copies of your medical records, please submit an Authorization for Release of Protected Health Information in person or online at www.ahn.org/patients-visitors/patients/medical-records, request records from your facility, or submit a medical records request through MyChart.

I authorize Allegheny Health Network to release the Electronic Health Information of:

Patient Name: _____ Date of Birth: _____

Address: _____
Street City State Zip code

Patient Phone Number: _____

Please send the requested Electronic Health Information to the following:

Facility/Person to Receive EHI: _____

Phone _____ Fax _____

Address: _____
Street City State Zip code

Reason for request: _____

I am a patient at Allegheny Health Network or am the patient's authorized representative. I understand that signing or not signing this form will not affect treatment I receive in any way. AHN cannot require me to sign this authorization in order to receive treatment. I understand that once my EHI is disclosed, it may be subject to re-disclosure by the recipient, and may no longer be protected by HIPAA and federal privacy law.

This authorization will expire in six months or: _____

Receiving Format: (Preferred method of transporting EHI):

CD/DVD USB MyChart

IMPORTANT NOTICE FOR REQUESTORS: (MUST READ BEFORE SIGNING):

If you request an EHI Export, HIV, Mental Health, and Drug/Alcohol treatment information contained in your records will be produced. AHN is not able to exclude data based on type of record, date range, provider, or any other exclusion criteria unless required by law. By agreeing to disclose your EHI, you must agree to disclose all EHI in AHN's systems which may contain your social security number and other sensitive data.

If applicable, requests to send an EHI Export to a third party may be assessed a fee as permitted by 45 CFR 171.302. (over)...



**Authorization for Release of
Electronic Health Information**

Patient Identification

I understand that this authorization is subject to revocation at any time, except to the extent that Allegheny Health Network has already taken action in reliance upon it. A photocopy or facsimile of this authorization will be considered valid unless otherwise specified. I also understand and agree that this authorization will terminate as set forth above unless I revoke this authorization in writing and delivered to the Privacy Officer.

Patient or Representative Signature _____ Date_____ Time_____

Signature of patient (14 years of age or older may authorize the release of inpatient or outpatient mental health information. A minor may also authorize the release of drug and alcohol treatment information).

If representative, give relationship and authority to act _____

****If authority to act is a Power of Attorney, supporting documentation must be included with this request.****

Witness Signature _____ Date_____ Time_____

Witness Signature _____ Date_____ Time_____

Copy accepted Copy refused

Options for form submission:

Email the signed form to:
EHIExportRequest@ahn.org

Mail the form to:
**Allegheny Valley Hospital (AVH) Medical Records
1301 Carlisle Street
Natrona Heights, PA 15065**

FAX to:
AVH Medical Records at 724-226-7494



**Authorization for Release of
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Information Sheet - NOT TO BE SCANNED INTO MEDICAL RECORD

EHI means “electronic protected health information” (ePHI) as defined in 45 CFR 160.103 to the extent that it would be included in a designated record set as defined in 45 CFR 164.501, regardless of whether the group of records are used or maintained by or for a covered entity. But EHI does not include psychotherapy notes as defined in 45 CFR 164.501 or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

The EHI definition represents the same ePHI that a patient would have the right to request a copy of pursuant to the HIPAA Privacy Rule.

The (b)(10) EHI Export certification criterion does not prescribe how the exported information is to be made available to the requestor, as this may depend on the size and type of information to be exported. The file formats and related definitions also are not finalized as specific certification requirements, though developers are encouraged to continue to foster transparency and best practices for data sharing when they create and update their export format information. However, the export file(s) created must be electronic and in a computable format.

PLEASE NOTE:

Your EHI Export will include ALL EHI available in Allegheny Health Network’s Epic system, including sensitive information. We cannot exclude specific facilities, record types, or only produce EHI for a specific timeframe. If you have additional questions about EHI or what will be included in your EHI Export, please refer to available guidance from the Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONC) at www.healthit.gov.

If you are requesting EHI to be delivered to you (patient) through CD/DVD, USB or MyChart, there will be no fee for your EHI Export.

If you are requesting EHI to be delivered to a third party, a reasonable fee for retrieval and transport of EHI may be applicable.

Requests for EHI for deceased patients must be accompanied by a copy of the death certificate, short certificate, or proof of executor of estate/will.

EHI Exports will not include imaging that is not convertible to a machinereadable format; if you wish to receive or request the production of images, please contact the radiology department at the facility that conducted your imaging to have those images reproduced on a disc.

Should you have any questions on the completion of this form please email [**EHIEExportRequest@ahn.org**](mailto:EHIEExportRequest@ahn.org)

**NOT PART OF THE PERMANENT MEDICAL RECORD
INFORMATIONAL ONLY**