

Instructions to obtain Medical Records

To obtain medical records please complete the following steps:

1. Complete the medical records Authorization for Release of Information Form in its entirety.
2. Sign and date the form.
3. In order to verify your identification; we require that you include a legible copy of a valid Government issued photo I.D. (i.e.: driver's license, military I.D.)
4. Fax, E-Mail, Mail your completed request along with your ID to:

Desert Parkway Behavioral Healthcare Hospital

Health Information Management

3247 S. Maryland Parkway

Las Vegas, NV 89119

P: (702)776-3544

F: (702)776-3595

E-Mail: alv.him@desertparkway.com

Instructions for Completing the Authorization for Release of Information:

First Section please include the following information:

1. The patient's name.
2. The patient's date of birth.
3. The patient's address.
4. Telephone number where the patient may be reached should we need to call you.
5. Name, Address, Telephone and/or Fax Number of person or facility where medical records are to be sent.

Second section please include the following information:

1. Reason for request: Please explain why the requested protected health information is being requested.
2. Initial next to each choice of the protected health information to be released.
Please note: HIV and AIDS Status; and related disorders will ONLY be released if initialed.
3. Specify the dates of protected health information to be released. i.e.: dates the patient was admitted or in an Outpatient Program.
4. The date authorization is valid through. Authorization will expire in 60 days unless otherwise noted on the form.
5. Signature of patient/guardian. The patient's signature is required unless the patient is a minor or has a legal representative. Proof of legal representation to act on behalf of the patient must be provided.
6. Date signed.
7. **Please Note:** Medical Records that are copied for any reason other than continuity of care are subject to a fee of \$0.60 per page (NRS 629.061).

Please allow 7-10 working days from the date of receipt of the completed authorization. Nevada law permits up to 10 working days (NRS 629.061). If medical records are needed for continuity of care Desert Parkway will send the records to your provider at no cost to you.

For status on your request for records please contact medical records using the information above.

Disability, Insurance, and Third Party Requests: A request should be sent from Disability Determination Services, your insurance company, or attorney and either faxed or mailed to the address above.