

## **RELEASE OF INFORMATION (ROI) INSTRUCTIONS:**

To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, please fill out the ROI request form.

Please allow for up to 30 days from the receipt of the request to complete the release of medical records.

It is best if you download the form first, fill it out, save the filled-out form, then print and mail or email the saved pdf. You can fill out the form online and print, but you cannot save your filled form.

**Field 1 to 4:** Please fill out your personal information. We need your Social Security number for verification.

**Field 5:** Please initial here if you want Dr. Tran to send or release your medical information.

**Field 6:** Please initial here if you want to send record or release information to Dr. Tran.

You can initial either field 5 or field 6, or both field 5 and 6.

**Field 7 to 8:** Please enter the name, address, phone number, and fax number of the entity to send your protected record. **Please be sure that the information is accurate to protect your confidential record.**

**Field 11 to 13:** Please initial the type of information that you authorize Dr. Tran to release.

**Field 14:** Please check all applicable boxes regarding the purposes of this request.

Records send to other health care providers for clinical care are free. There is a fee for sending records for personal, insurance/disability, or other use. Dr. Tran will let you know ahead of time if there are fees and the amount.

**Field 15 to 16:** Please fill out the date and sign the form.

**Field 17:** Please print your name if you are signing for another person (e.g. a minor).

You can save and print the ROI form and mail it to the address at the top of the ROI form. Or, you can save and email the pdf file to Dr. Tran: [AskTranMD@gmail.com](mailto:AskTranMD@gmail.com).

