

Children's of Alabama (COA) Medical Record Access and Requests

Frequently Asked Questions (FAQ)

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Medical Records Authorization Requirements

It's your right to access your child's medical record within a reasonable time frame.

We have safeguards in place to ensure that only patients, parents and legal guardians can access or share medical records.

Records can be released to anyone who the patient or legal representative authorizes to receive such information.

A valid HIPAA authorization must contain the required elements and statements.

Authorizations must contain the following:

1. Patient's full name
2. Patient's date of birth
3. Name of the facility or individual asked to provide the information
4. Name, address, or other specific identification of the individual(s) or facility who are permitted to receive Protected Health Information.
5. Signature of the patient / parent / legal guardian or legal representative
6. Date of initiation

- a. Must be within a 90 day period at time of receipt
- b. Must be after the event / episode of care

7. HIPAA Elements

- a. Purpose of the release
- b. Expiration date or expiration event
- c. Right of the patient / parent / legal guardian or legal representative
- d. HIPAA Statement

I understand the Information released will be limited to information necessary to fulfill the need or purpose for the disclosure. If I have authorized the disclosure of Information to a recipient who is not subject to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), then the recipient may re-disclose it and it may no longer be protected under HIPAA, a federal privacy law. This Authorization is valid for ninety (90) days from the date of signature, unless otherwise noted. This Authorization only applies to treatment occurring before the date of signature. I may decline to sign this Authorization. I understand I may revoke this authorization in writing at any time by completing a form available from Medical Information Services. If I revoke this authorization, the revocation will not apply to information that has already been released in response to this authorization. I understand the patient's health care and the payment for the patient's health care will not be affected if I do not sign this form. I understand I may see and copy the Information described on this form if I ask for it, and I may receive a copy of this form after I sign it. Before requesting medical record copies, please ask about the copy fee by law that may apply. I represent that I have the authority to and voluntarily grant permission for the Information to be released as described above.

8. Optional Elements

- a. Patient's address
- b. Patient's Social Security Number
- c. Treatment period(s) / Date of Service
- d. The signature may or may not be witnessed

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Steps to Request a Copy of Records

Print and complete the HIPAA Authorization Form: ([English](#) | [Spanish](#)).

Or you may submit the HIPAA Authorization Form online [here](#)

Make sure the authorization/request is complete to avoid delays. Incomplete requests cannot be processed.

Please include a copy of your Photo Identification (such as Driver's License).

Mail, Fax, or Bring* your completed forms to:

Mail:

CIOX
c/o Children's of Alabama
Health Information Management
1600 7th Avenue South
Birmingham, Alabama 35233

FAX:

(205) 638-5367

Bring:

Children's of Alabama - Main Campus (at above address)
Health Information Management– Release of Information
4th Floor Park Place South building (at 5th Avenue St parking deck)

Office phone number: (205) 638-9728

Office Hours: Monday – Friday 8 a.m. CT – 4 p.m. CT

*We cannot process requests by telephone or email because of the requirement of a signature to release records

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Copy Fees

There is a reasonable fee for COA Health Information Management to release a copy of patient records. This includes copies of records not in the patient portal.

A reasonable fee applies for copies to patient/parent/legal guardians or others who are not treatment providers for continuity of care purposes.

Fee schedule:

As allowed by Federal and State regulations, reproductions fees for copies of medical records may be required as applicable; a CIOX invoice (Children's release of information vendor) will accompany the copies of medical records. According to Alabama Code 12-21-6.1

(reproduction and delivery of medical records)

\$6.50 Flat rate if everything was transferred from ChartMaxx (electronic copy) to a CD.

\$0.12 per page

The copy fees are higher for producing microfilmed records.

Reasonable costs may be allowed for production of a CD.

***Patients are not charged a search/retrieval fee.**

No charge is made for continued care requests received from other health care providers (hospitals, physician offices, clinics, etc.)
Exceptions to these fee schedules are noted by Peer Review Organization contracts and Disability Determination Services standard fee payment.

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FollowMyHealth Patient Portal

Lab results and other information can be accessed through the FollowMyHealth Patient Portal at NO COST. FollowMyHealth is a leader in secure online access to personal health information.

For general or technical questions about our patient portal, contact our patient portal support team at 205-638-5580 or email COAPatientPortal@childrensal.org. Representatives will be available to assist you Monday through Friday.

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Request a copy of your bill

To request a copy of your bill from services provided by Children's Hospital of Alabama, please contact The Westerkamp Group customer service at 205-638-5600 or 1-844-750-8950

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Request Medical Record Amendment

To request a change (amendment) to a medical record complete the [form](#) and submit as instructed.

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HIPAA Privacy

[Review](#) privacy related items concerning medical records at Children's Hospital of Alabama

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