

**Record Request and Consent for Disclosure of  
Medical Records and Information**  
Instructions for Form Completion



**Record Request Form Instructions**

All individuals requesting records are to complete the Record Request Form, including Aware clients, to specify the records required, to whom records should be sent to, and how records should be sent. The individual requesting records must complete this form in its entirety and return it to Aware's Health Information Management Department (HIM) (see instructions below), together with either:

- (1) Written consent of the client in a manner that complies with HIPAA and 42 C.F.R. part 2 (Part 2) (unless the requestor *is* the client has already provided written consent); or
- (2) A court order authorizing disclosure that complies in all respects with Part 2 at Subpart E.

(see HIPAA and Part 2 consent and court order requirements at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164?toc=1> and <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2>)

**Consent for Disclosure of Medical Records and Information Form**

The Consent for Disclosure of Medical Records and Information provides instruction and authorization from the client to Aware as to what records and information can be shared with other individuals and entities. It is used for both written and verbal disclosure of records and information. Please review the instructions thoroughly and complete all required fields. Any missing information may result in the rejection of the request and/or processing delays.

- **Client Information:** Include full legal name and any other name used at the time of services, date of birth, address, and a daytime phone number that can be used to contact the client for questions.
- **Release Purpose:** The purpose or reason for the request is required by patient privacy and confidentiality regulations so that information and records disclosed is limited to only that necessary to accomplish the intended purpose. Check all that apply or write in an alternate purpose.
- **Release Information TO:** Include all requested information for the individual or entity information and records should be disclosed or sent to. If disclosure is to an entity other than a healthcare provider and not an individual, the name of an individual must be included in the "Attention to" section.
- **Delivery Method:** Identify how records and information should be delivered. Check all that apply or write in an alternate preferred method.
- **Records and Information to Be Disclosed or Released:** Check all types of records and information that may be released or disclosed.
- **HIV/AIDS Status:** Clients have the right to choose NOT to disclose information related to HIV/AIDS status. If the client elects not to include this information, Aware will review the medical record prior to release and make reasonable effort to verify that this information is withheld. Note that if HIV/AIDS status, including positive or negative test results, is included in any note or form within the medical record, the entire note or form will be withheld, which could potentially impact insurance reimbursement, eligibility for benefits (e.g. disability benefits), or actions that require a copy of the medical record. Aware may release HIV/AIDS information vital for the client's care in the event of a medical emergency, regardless of what the client has elected on the form.
- **Signature and Date:** The **CLIENT** must sign this form, either by hand or with electronic signature, even if the client is a minor. A typed signature will not be accepted. This form cannot be signed solely by a representative of the client, except in the event of incapacitation or death. In the event of incapacitation or death, proof of court appointment of the representative and identification must be provided along with the authorization form and request.

**Fees:** Processing for records fees may apply. The amount of the fee depends on the number of pages and applicable state and federal regulations.

**Return the completed, signed form to the following by mail, fax, or email:**

Aware Recovery Care, Inc.  
Attn: Health Information Department  
35 Thorpe Avenue, Suite 104  
Wallingford, Connecticut 06492  
Fax: 203-774-3155  
Email: [MedicalRecords@awarerecoverycare.com](mailto:MedicalRecords@awarerecoverycare.com)