



Springtime Counseling/MyDuiGuy.com
6515 E. 82nd Street, Suite 102
Indianapolis, Indiana 46250 USA
Email: admin@MyDuiGuy.com

INSTRUCTIONS FOR OBTAINING MEDICAL RECORDS

GENERAL INFORMATION ABOUT MEDICAL RECORDS

Patient records are protected under 42 CFR Part 2 federal rules of confidentiality as well as the April 2003 Health Insurance Portability and Accountability Act (HIPAA)

Springtime Counseling Center/MyDuiGuy.com retains the medical records of all patients for a minimum of seven years. Such records are maintained electronically and are backed up on a regular basis.

Former patients may request a copy of their records at no cost by completing, signing and dating the downloaded **Release of Confidential Information** form and this instruction sheet. Return these forms to Springtime Counseling/MyDuiGuy.com by mail, faxing them to Springtime at 317.841.9805 or email both forms to: admin@MyDuiGuy.com

Third parties requesting medical records (insurance companies, recruiters, employers, etc.) must complete the downloaded **Release of Confidential Information** form, have it signed by the patient, and return it to Springtime Counseling/MyDuiGuy.com by mailing it with payment to the address below. ***All signed Releases of Information must meet the guidelines of federal rule 42 CFR Part 2 §2.31. A general authorization for the release of medical or other information is NOT sufficient for this purpose.***

FEES FOR MEDICAL RECORDS

Patients/clients requesting their own records: No charge for 1 copy

**Third parties requesting the medical records
of patients/clients: \$13.00 fee domestic
\$16.00 fee international**

FOR MEDICAL RECORDS OF FORMER PATIENTS/CLIENTS

I am a former patient/client requesting my own records. I have completed the Release of Confidential Information form and I need a copy of the following:

Which report do you need?

- The SCC-50 Cover Sheet that refers me to a program to satisfy the Court or the Division of Motor Vehicles, or
- A copy of the SCC-45 Chemical Dependency Evaluation report.
- I need both documents.

OUR MAILING ADDRESS:

Please mail payment (corporate check, cashiers check, or money order) along with the completed and signed Release of Confidential Information to:

**Medical Records Department
Springtime Counseling/MyDuiGuy.com
6515 E 82nd Street, Suite 102
Indianapolis, Indiana 46250 USA**

Fax From: _____
Sender: _____
Phone No. _____

Fax to: 317.841.9805
e-mail: admin@MyDuiGuy.com



Springtime Counseling/MyDuiGuy.com
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Medical Records Consent to Release Confidential Information

Your First Name _____ M.I. _____ Last Name _____ Date of Birth _____
Drivers License Number _____ International ID Number _____
Passport Number _____ Other Voluntary ID Number (i.e. Social Security No) _____

I, the undersigned, hereby authorize Springtime Counseling Center/MyDuiGuy.com, address below, to request of and/or release to:

Name of Person or Agency: _____
Address of Person or Agency: _____

The following information related to:
Alcohol/Drug Evaluation, Diagnosis and Recommendations
Addiction Treatment, Discharge and Aftercare Planning

This information is necessary for:
Insurance purposes
Legal purposes
Information collateral to the Alcohol/Drug Evaluation and/or Treatment

This information may be communicated orally, in writing, and electronically and this Release of Confidential Information remains in effect for one (1) year from the signature date. A photocopy, fax or electronically reproduced copy of this Release of Confidential Information shall be as effective as the original.

The client acknowledges by his/her signature that he/she understands that he/she has the right to refuse to sign this Release. The client further acknowledges understanding that this Release of Confidential Information remains in effect until the above time limit unless specifically revoked by written notice to: MyDuiGuy.com or Springtime Counseling Center at the address below.

Signature of Client _____ Date _____ Parent, Guardian or Representative, if required _____ Date _____

This information has been disclosed to you from records protected by Federal Confidentiality rules 42 CFR Part 2. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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