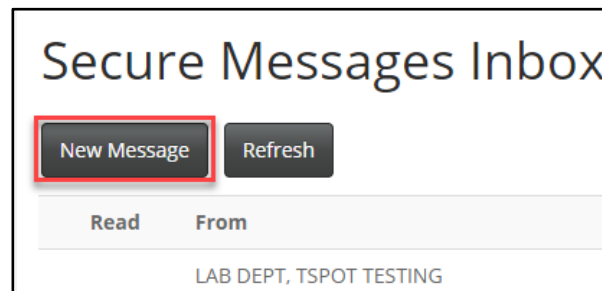


How to Submit a Release of Information (ROI) Request

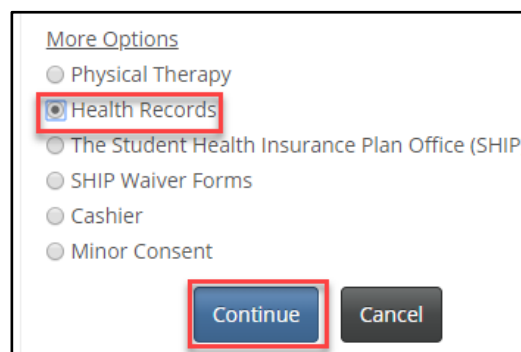
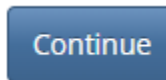
1. Log on to the eTang Patient Portal (etang.berkeley.edu) and select **'Messaging'** under Most Popular Links.



2. Click **'New Message'** located at the top of your Secure Message Inbox.



3. Select **'Health Records'** under More Options and select



4. Select **'Health Records release request'** and **'Continue'**.

How to Submit a Release of Information (ROI) Request

Select One

General Inquiry to Health Records

Minor Consent form upload

Health records release request

5. Complete the Authorization information, including the name, address, phone and fax for the organization the information will be released to and the type of disclosure:

**** Authorization**

Patient hereby authorizes University Health Services to (check all that apply):

Release Information to: Mutually Exchange Verbal Information with: Request Information from:

**** Include Name, Address, Phone and Fax**

Health Organization 123 Health St. Berkeley Ca 94704 510-664-4321 Fax: 510-664-4567

Type of disclosure

Verbal communication

Copies of Records (**Note - when possible, and unless otherwise requested, copies will be released electronically via USB drive)

6. Check the record(s) that is being released.

Health Information Authorized to be Released (Please check all that apply.)

Immunization records (does not include Mandatory TB/Immunization Program Records)

Radiology Records

Laboratory Results

Insurance Referrals

Billing records

Counseling and Psychological Services (CAPS) Records

Psychiatry Records

SHIP Waiver Information (applies to verbal disclosure only)

Social Services Records


Behavioral Health Records (connected to services in primary care; not related to CAPS)


MEDICAL RECORDS (May include incidental drug/alcohol and behavioral health information documented entire visit note that contains such information. Medical records do NOT include counseling, psychiatry, Other (Specify):

How to Submit a Release of Information (ROI) Request

7. Indicate the dates of treatment time period for the records being released otherwise the last two years of records will be released.

Specify date(s) of treatment or time period. (**Note - Unless otherwise specified, **only the last two (2) years of records are released.**)

From 

To: 

Or enter a time period:

*For questions about the release of Counseling and Psychological Services or Social Services records please contact CPS Records at (510) 642-9494 or Social Services at (510) 642-6074.

8. Indicate the Purpose of Release.

Purpose of Release
Please state the purpose for the request.

Continuity of Care

Insurance Purpose

Legal Matter

Personal Use

Other (please specify):

9. If requesting to release info regarding HIV/AIDS testing or Genetic Testing info, complete the 'Specific Authorization' section.

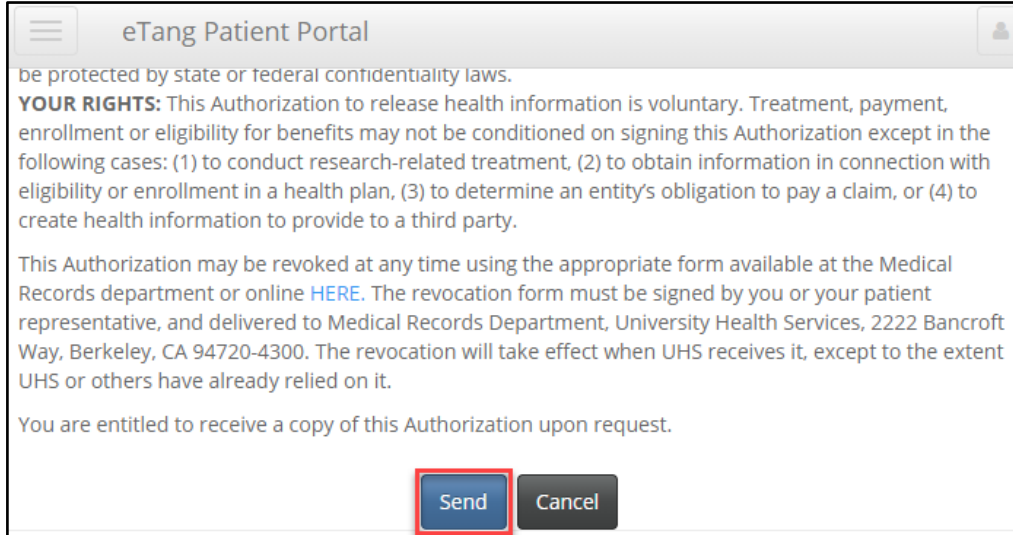
Specific Authorization
The following information will not be released unless you specifically authorize it by checking the relevant box(es) below.

I specifically authorize the release of HIV/AIDS testing information. (Cal. Health & Safety Code §120980(g).)

I specifically authorize the release of genetic testing information. (Cal Health & Safety Code §124980(j))

10. Click 'Send' to submit Release of Information.

How to Submit a Release of Information (ROI) Request



eTang Patient Portal

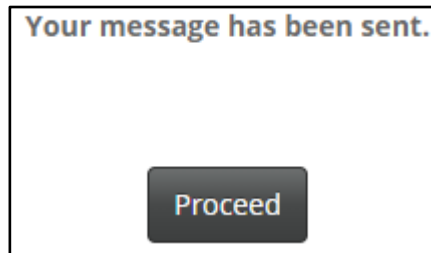
be protected by state or federal confidentiality laws.

YOUR RIGHTS: This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

This Authorization may be revoked at any time using the appropriate form available at the Medical Records department or online [HERE](#). The revocation form must be signed by you or your patient representative, and delivered to Medical Records Department, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300. The revocation will take effect when UHS receives it, except to the extent UHS or others have already relied on it.

You are entitled to receive a copy of this Authorization upon request.

The following message will appear upon submission of request:



Your message has been sent.