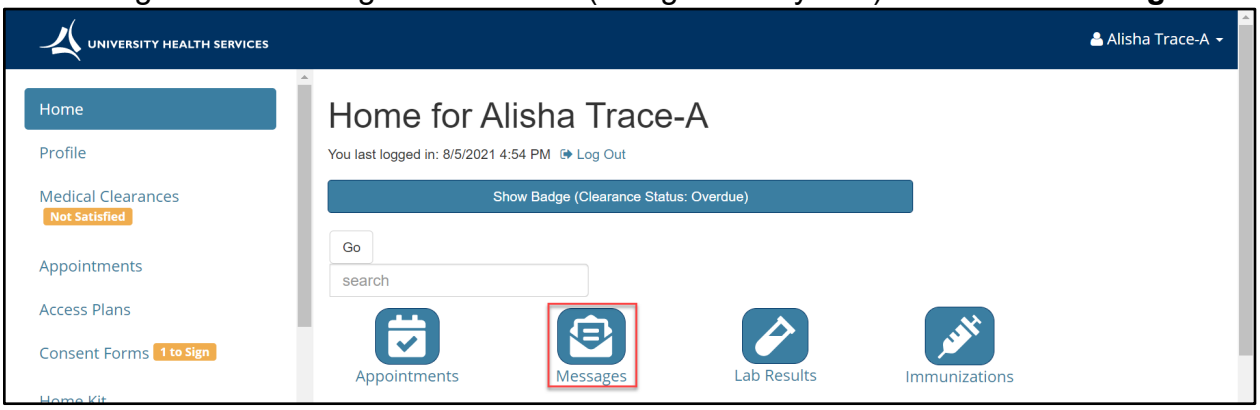
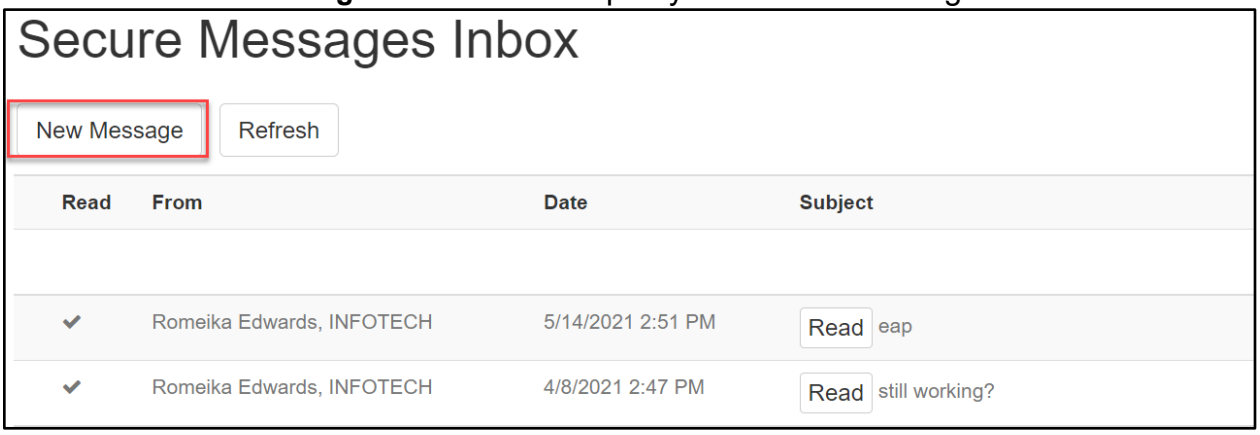
How to Submit a Release of Information (ROI) Request

1. Log in to the eTang Patient Portal (etang.berkeley.edu) and select **Messages**

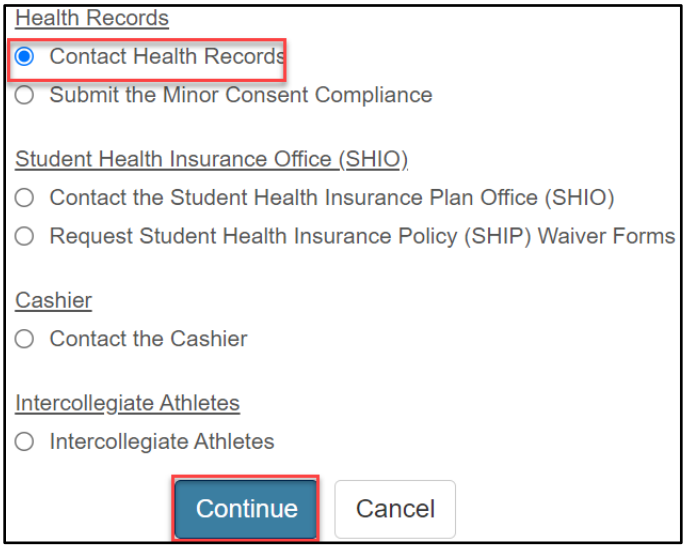


2. Click **New Message** located at the top of your Secure Message Inbox



3. Locate the **Health Records** section and choose **Contact Health Records**

4. **Continue**



5. **Health Records Release of Information Request**

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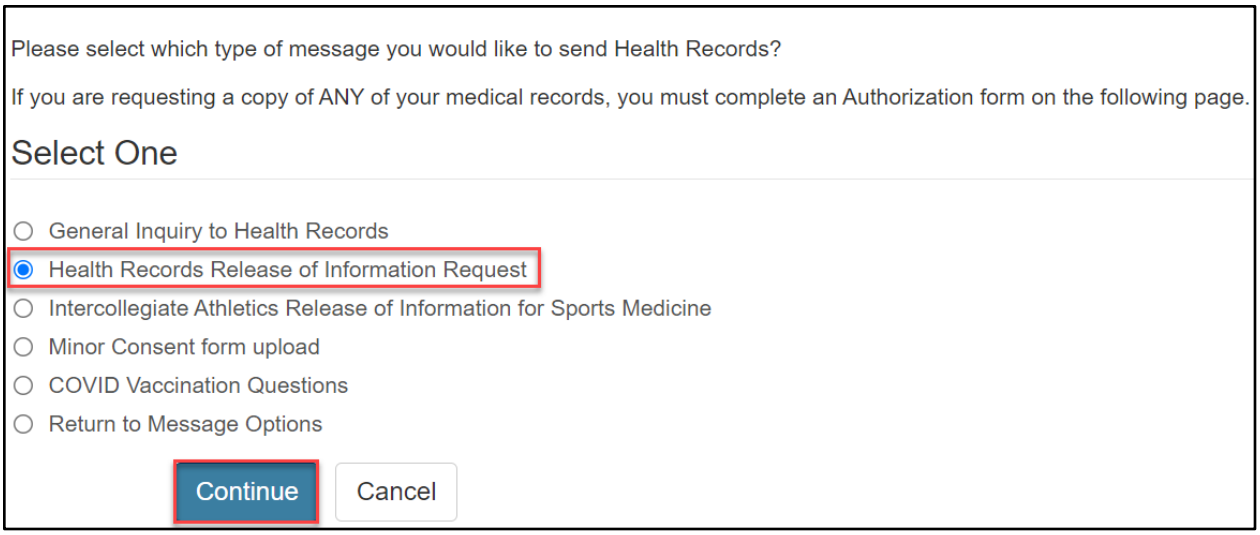
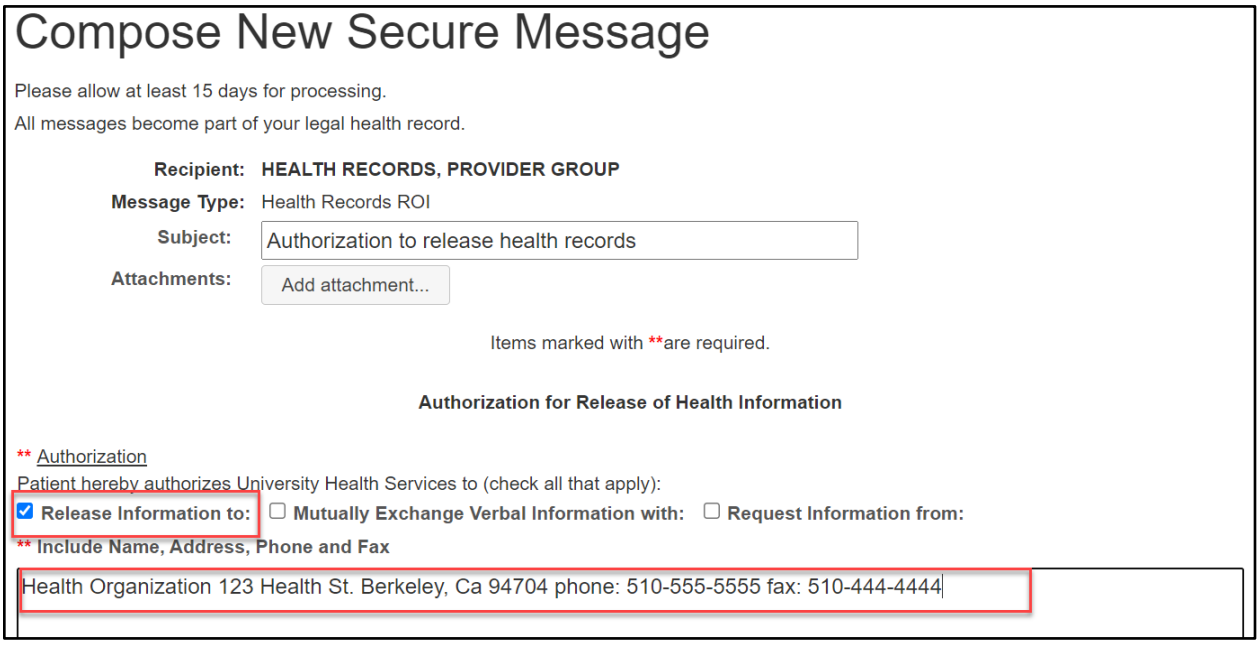
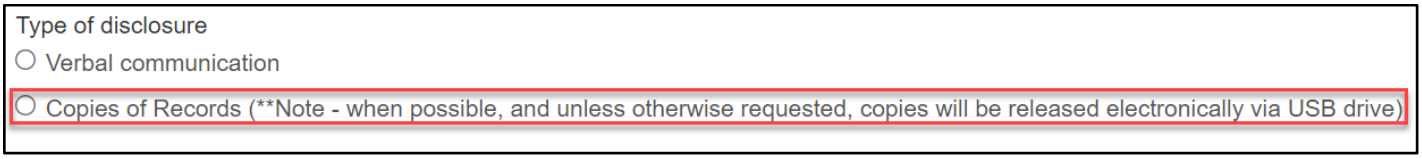


6. Select the appropriate Release of Information option. Enter details for the organization including Name, Address, Phone number and Fax.



7. Confirm the disclosure type (Verbal or Electronic Copy of Record) for the health record



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

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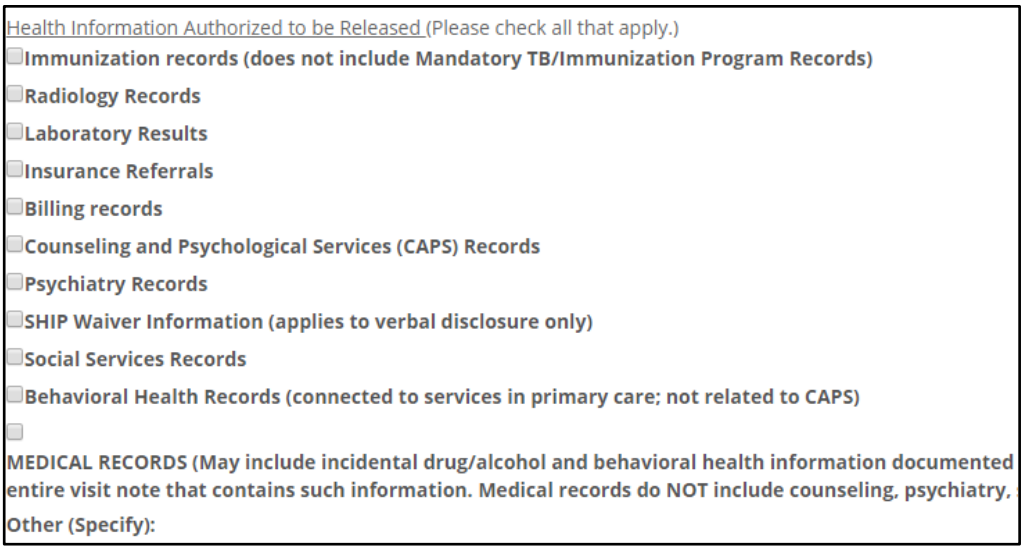
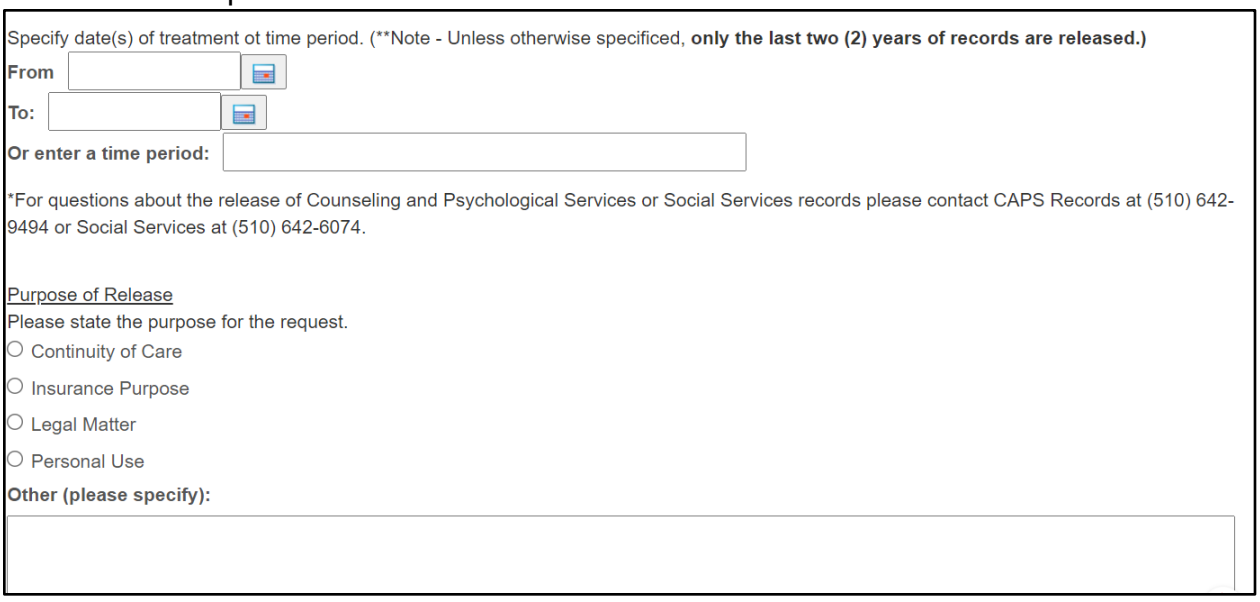

Health Information Authorized to be Released (Please check all that apply.)

- 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):

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

10. Indicate the Purpose of Release


Specify date(s) of treatment ot time period. (**Note - Unless otherwise specificed, **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 CAPS Records at (510) 642-9494 or Social Services at (510) 642-6074.

Purpose of Release

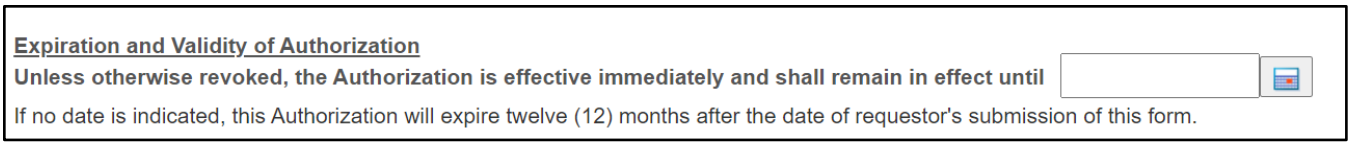
Please state the purpose for the request.

- ○ Continuity of Care
- ○ Insurance Purpose
- ○ Legal Matter
- ○ Personal Use

Other (please specify):

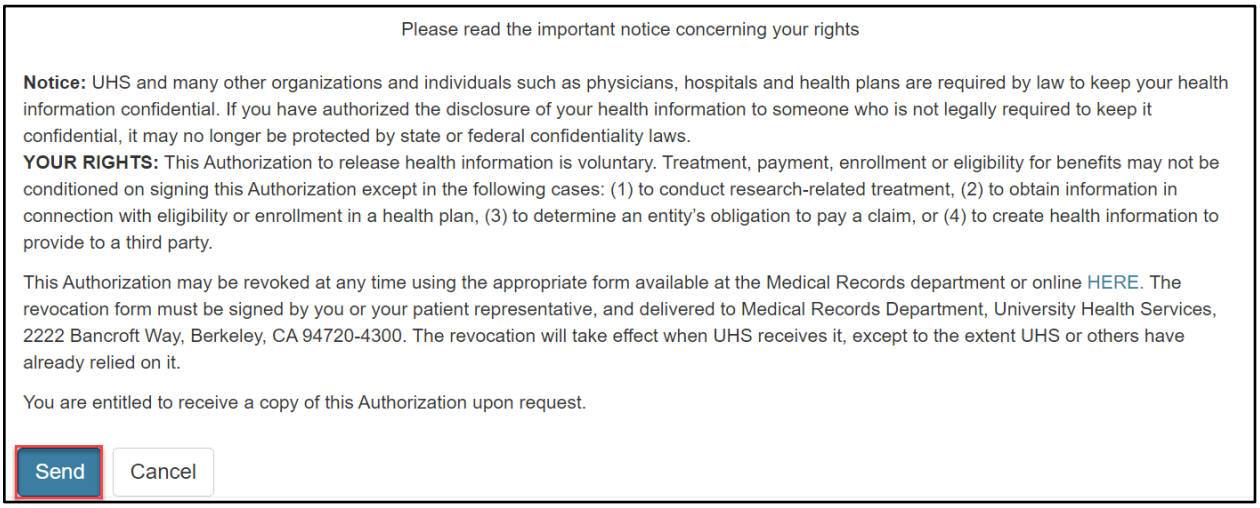
11. If requesting to release info regarding HIV/AIDS testing or Genetic Testing info, complete the '**Specific Authorization'** section.

12. Complete the Expiration and Validity of Authorization Date otherwise the authorization will expire 12 months after the date of request.

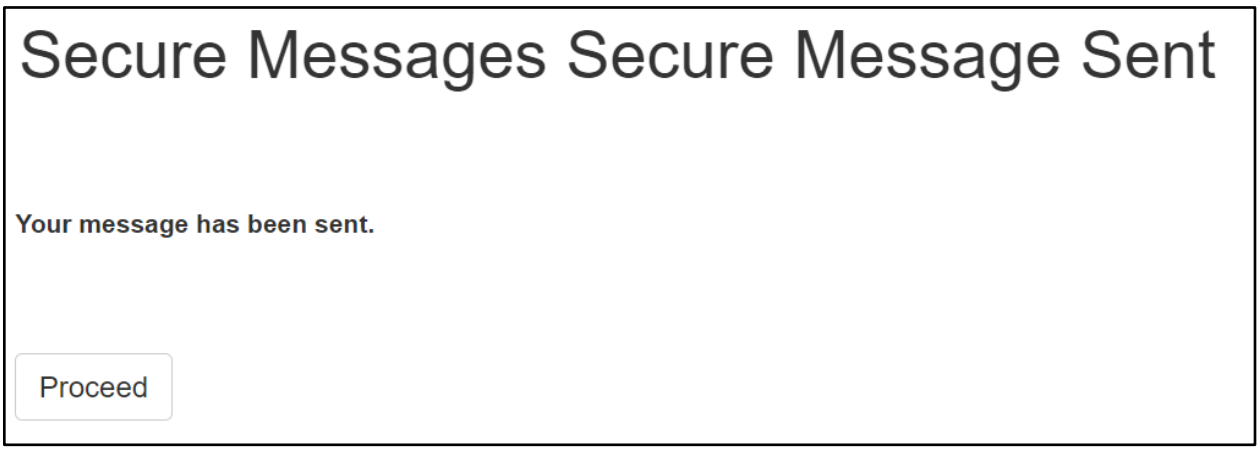


13. Review the summary regarding your Rights

14. Click '**Send**' to submit Release of Information.



The following message will appear upon submission of request:



Note: Please allow 15 business days for request