



INSTRUCTIONS TO OBTAIN MEDICAL RECORDS

(Only applicable for patients that have been discharged from our facility)

To obtain medical records please complete the following steps:

1. Complete the medical records Authorization to Release Information form in its entirety.
2. Sign and date the form. *(patient's signature required for ALL patients ages 12 and older)*
3. In order to verify your identification; we require that you include a legible copy of a valid Government issued photo I.D. (i.e.: Driver's license, Military I.D.)
4. Fax, E-Mail or Mail your completed request along with your ID to:

Reno Behavioral Healthcare Hospital
Health Information Management
6940 Sierra Center Parkway
Reno, NV 89511
Phone: (775) 393-2231
Fax: (775) 852-1473
E-Mail: arn.him@renobehavioral.com

Instructions for completing the Authorization to Release Information:

Please include the following information.

1. The patient's First and Last name.
2. The patient's date of birth.
3. The patient's complete address and phone number.
4. Recipient's Name, Address, Telephone number
5. Recipient's Fax Number or Email address where medical records are to be sent to.

Nevada law permits up to 30 working days for completion once compliant form has been received by medical records.(NRS 629.061).

Please note regarding dates of hospitalization or service-if exact dates are not known please at minimum, provide the year the services were received.