



## Instructions for Requesting Medical Records

Our authorization forms have been designed to comply with requirements contained in the federal privacy regulations, known as HIPAA.

The patient or the patient's legal representative must complete and sign the appropriate authorization. Please choose the applicable authorization based on the company or division of Acadian Companies from whom you wish to request records.

To ensure that all of Acadians' divisions fully comply with federal privacy laws and regulations if anyone other than the patient, including spouses or family members are attempting to obtain medical records on the patient's behalf, we require documentation granting legal authority or a sworn affidavit attesting to the representatives' legal authority to make healthcare decisions or obtain medical information on behalf of the patient.

### **Examples of documentation granting legal authority to request health information:**

#### **If the patient is an adult or an emancipated minor:**

- Health Care Power of Attorney
- Court Appointed Legal Guardian
- General Power of Attorney or durable power of attorney that includes power to make health care decisions

#### **If the patient is a minor:**

- **Parent:** A copy of the requestor's driver's license or other government issued identification and documentation granting legal authority to request health information (i.e. tutorship, curatorship, or affidavit attesting to authority)
- **Other than parent:** A copy of the requestor's driver's license or other government issued identification and documentation granting the request legal rights to guardianship or verify that requestor is acting in loco parentis (i.e. tutorship, curatorship, or affidavit attesting to authority)

#### **If the patient is deceased:**

- An order from the court stating that you are the executor or administrator of the estate
- An affidavit of small succession stating that you are an heir
- An affidavit of identification specifying your relationship to the deceased, your status as an heir or legatee of the deceased, etc.

Form affidavits are available for your use on our website, if you are unable to provide any one of the example forms of documentation or another legal document showing that you have legal authority to make healthcare decisions or obtain medical information on behalf of the individual. These form affidavits are provided as examples of the information required in an affidavit required to obtain medical records. Any affidavit submitted should accurately reflect the specific facts associated with your situation.

**Completed authorizations and documentation can be sent to the Acadian Companies Medical Records Department via mail or email at the address listed below:**

Acadian Companies  
Attn: Medical Records  
P.O. Box 98000  
Lafayette, LA 70509-8000  
Email: [medicalrecords@acadian.com](mailto:medicalrecords@acadian.com)

DISCLAIMER: Please be advised that by submitting a request for patient information through the methods provided if you are not the person for whom the information is requested, you are affirming that you have the legal right to access the information requested. Further, you agree to indemnify and hold Acadian Ambulance Service, Inc. and its affiliates, directors, shareholders, employees, and agents harmless against any claims against Acadian Ambulance Service, Inc. for the release of the requested information to you or your agent.