



**REQUEST FOR RELEASE OF PATIENT HEALTH INFORMATION
VIA THIRD PARTY APPLICATION (API)**

Please complete and submit this form to ChristianaCare if you intend to establish a connection to a health application vendor for purposes of viewing your health information on the health application.

I, _____, authorize my ChristianaCare provider and doctor to release my medical records to me or my representatives through the software application I have provided below.

Health Application Vendor Information Application Name: _____

Application Developer: _____

Application Developer's website: _____

Possible information that may be released to the Health Application Vendor:

- Patient name
- Sex
- Date of birth
- Race
- Ethnicity
- Preferred language
- Functional status
- Discharge instructions
- Smoking status
- Conditions
- Medications
- Medication allergies
- Laboratory tests and results
- Vital signs
- Encounter diagnosis
- Procedures
- Care team members
- Immunizations
- Unique device Identifiers
- Assessments, plan of treatment, goals
- Health concerns

By signing below, I understand and acknowledge the following:

- I have the right to access my personal health information with the software application I choose, and I understand that not all requests will be granted.
 - I understand that ChristianaCare may not transmit my information to a software application if they do not reasonably believe that the application or the vendor will protect my medical records' privacy and confidentiality.
 - If the information I am seeking is not available on the software application I have indicated above or on the patient portal, I understand that I must contact the Health Information Management Services (HIMS) Department.
- I consent to receive my patient information electronically in the software application I have indicated above knowing that the information may be sent unencrypted. I accept the security risk associated with the insecure transmission of my records.
- It is my decision, and I will not hold ChristianaCare responsible for the loss, damage, inappropriate disclosure, or theft of information after the transmission has occurred.
- ChristianaCare will not be held responsible for the management or troubleshooting of any third-party application. I understand that I am responsible for working with the third-party vendor to troubleshoot any problems.
- ChristianaCare will not monitor user access, user identity, or detect anomalies in the application I selected.
- It may take up to 30 days or more to review my request, and ChristianaCare may notify me via the email address I provided.
- ChristianaCare's HIMS staff may only answer questions related to the information maintained by ChristianaCare. Questions about the data I requested should be directed to the vendor or the application developer.
- I understand that I am responsible for understanding how the third-party vendor is using my information.
- I understand that it may take up to 180 days for the connection to be made to the third-party vendor application.
- **I understand that if I choose to stop using the third-party vendor application, I will need to disconnect or inactivate my account from the third-party so that the third-party cannot obtain my information any longer.**

Patient/Legal Representative Signature Print Name Date ____/____/____ Time _____

Relationship to patient: _____

Address: _____

City/State/Zip Code: _____

Telephone: (_____) _____ Email: _____