



**Online Medical Request Form  
Help Guide**

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## Copyright Information

Notices

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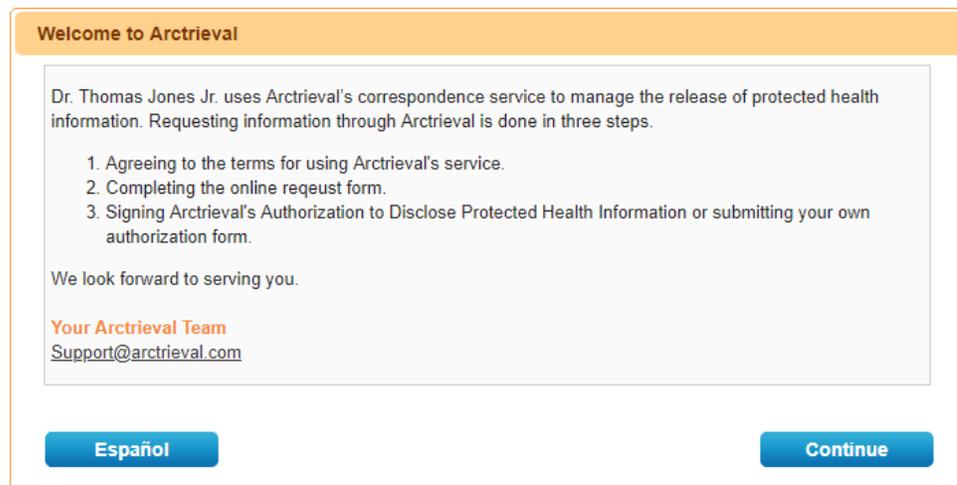
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## Introduction

Welcome to Arctrieval's web-based release of information service. As required by state and federal law, medical records are kept in strict confidence and are only released with proper authorization from the patient or their representative. Your healthcare provider uses Arctrieval to manage requests for this protected health information.

The first thing you will see is the **Welcome to Arctrieval** message shown in the image below. This briefly describes the process for submitting a request for protected information through Arctrieval. Click **Continue** to proceed to the first step in the process which is to agree to the terms and conditions for using Arctrieval's service to submit your request.

Click the **Español** button to change the language used from English to Spanish.



**Welcome to Arctrieval**

Dr. Thomas Jones Jr. uses Arctrieval's correspondence service to manage the release of protected health information. Requesting information through Arctrieval is done in three steps.

1. Agreeing to the terms for using Arctrieval's service.
2. Completing the online request form.
3. Signing Arctrieval's Authorization to Disclose Protected Health Information or submitting your own authorization form.

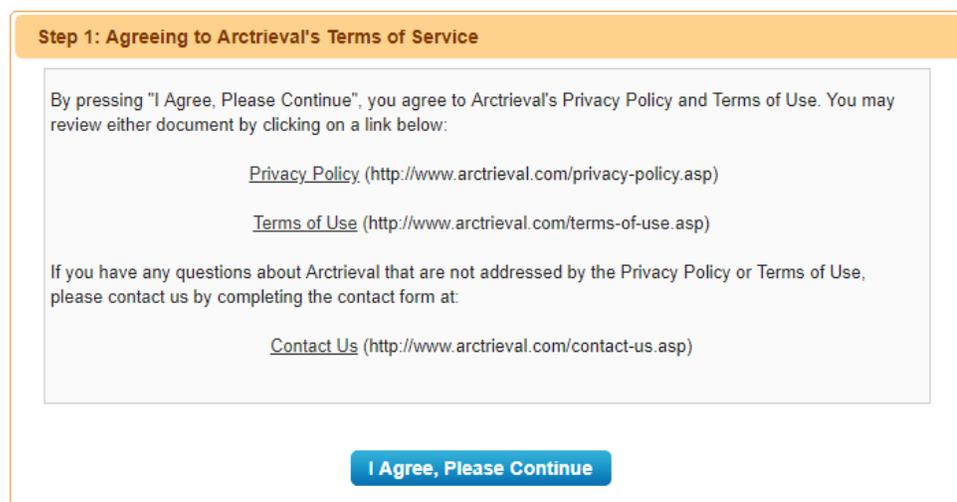
We look forward to serving you.

**Your Arctrieval Team**  
[Support@arctrieval.com](mailto:Support@arctrieval.com)

**Español** **Continue**

## Step 1: Accept Terms of Service

Before you can start your online **Request** you need to agree to Arctrieval's Terms of Service. **Arctrieval's Terms of Service** pop up dialogue box, illustrated below, is displayed so you may review Arctrieval's Privacy Policy and Terms of Use. If you have any questions that are not addressed by the Privacy Policy or Terms of Use, you may click on the **Contact Us** link to submit your questions. Click **I Agree, Please Continue** to proceed to the online **Request** form.



**Step 1: Agreeing to Arctrieval's Terms of Service**

By pressing "I Agree, Please Continue", you agree to Arctrieval's Privacy Policy and Terms of Use. You may review either document by clicking on a link below:

[Privacy Policy](http://www.arctrieval.com/privacy-policy.asp) (<http://www.arctrieval.com/privacy-policy.asp>)

[Terms of Use](http://www.arctrieval.com/terms-of-use.asp) (<http://www.arctrieval.com/terms-of-use.asp>)

If you have any questions about Arctrieval that are not addressed by the Privacy Policy or Terms of Use, please contact us by completing the contact form at:

[Contact Us](http://www.arctrieval.com/contact-us.asp) (<http://www.arctrieval.com/contact-us.asp>)

**I Agree, Please Continue**

Upon clicking **I Agree, Please Continue** on the, the **Electronic Request** form is displayed, as shown in the illustration below.

The screenshot shows a web form titled "Step 2: Please complete the request form below:". The form is divided into several sections, each with a header bar. The first section is "Getting Started", which contains a sub-header "To reduce the time to submit your request, please provide the following initial information:" followed by three dropdown menus: "What is your relationship to the patient: \* Select relationship to patient", "Who will receive the information: \* Select information recipient", and "How do you want the information delivered: \* Select delivery method". A blue "Continue" button is located at the bottom right of this section. Below "Getting Started" are five more sections: "Your Contact Information", "Patient Information", "Information and Items to Release", "Delivery Details", and "Security".

The individual sections that make up the **Electronic Request Form** are described in detail within the following pages of this document.

## Step 2: Completing the Online Form

### Getting Started

The **Getting Started** section of the Electronic Request Form, illustrated below is where you provide basic information about the request, so we can customize the form to meet your specific needs.

▼ Getting Started

To reduce the time to submit your request, please provide the following initial information:

What is your relationship to the patient: \*

Relationship Description: \*

Who will receive the information: \*

\*

How do you want the information delivered: \*

\*

Continue



An input field preceded by a red asterisk is a required entry.

Please follow the steps below to complete this section of the form.

1. Please choose the answer that best describes your relationship to the patient from the **Select Relationship to patient** drop-down menu. If none of the descriptions match your relationship to the patient, then select other and an additional field is displayed to describe your relationship to the patient.
2. Please choose the answer that best describes who will receive the information from the **Select information recipient** drop-down menu. If none of the options match who will receive the information, then select other and an additional field is displayed to describe where the information is going.
3. Please choose the answer that best describes how you would like the information delivered from the **Select delivery method** drop-down menu. If none of the options match your desired delivery method, then select other and an additional field is displayed for you to describe how to deliver the information.

Press the **Continue** button in the lower right to advance to the next section.



Do not worry if you make a mistake when completing the form. You can always go back to a previous section by clicking on the triangle next to the section heading as shown in the following image:

▶ Getting Started

## Your Contact Information

The **Your Contact Information** section of the **Electronic Request Form**, illustrated below, is where you enter information about the individual, organization, business, healthcare provider or facility that is requesting the records. This individual or organization is also called the requestor. Depending on who is completing the request and how the information will be delivered, different options and fields will appear on the form.

▼ Your Contact Information

First Name: \*

Last Name: \*

Organization: \*

Address: \*

City: \*

State: \* AK  Zip: \*

Country: \* United States

Contact Phone: \*

Fax:

Email Address: \*

Your Reference:

Continue

1. Enter your first name in the **First Name** input field.
2. Enter your last name in the **Last Name** input field.
3. If you represent an organization requesting records and/or selected other as your relationship to the patient, enter your organization's information in the **Organization** input field.
4. Enter your address in the **Address** input field(s).
5. Enter your city in the **City** input field.
6. Select your state from the **State** drop-down menu.
7. Enter your zip in the **Zip** input field.
8. Select your country from the **Country** drop-down menu.
9. Enter a phone number where you can be reached for any questions or request clarification in the **Contact Phone** input field.
10. Enter your fax number in the **Fax** input field. If you want the records faxed to you, you must provide a Fax number. Healthcare providers have different policies for faxing information and will only fax protected health information to a secure fax line at another healthcare provider, doctor office or healthcare facility.
11. Enter a valid email address in the **Email Address** input field where you can be contacted. The Arctrieval system will send updates and notifications emails for your request to the email address you provided. If you are requesting records to be sent to

you electronically through Arctrieval, this is the email address that will be used to communicate with you and provide a link to download the requested information.

12. The **Your Reference** input field is for organizations making a request that have an internal tracking number for the information they seek. Examples include a insurance claim number, attorney file number, document service work order number or medical record number for another doctor office or healthcare facility. It is uncommon for a patient or their personal representatives to have a reference number.

## Patient Information

The **Patient Information** section of the **Electronic Request Form**, illustrated below, is where you enter information about the patient associated with the request and the reason why the information is being requested. The patient can be yourself or someone else. Please follow the steps below to complete this section of the **Electronic Request Form**.

The screenshot shows a form titled "Patient Information" with a dropdown arrow on the left. The form contains the following fields:

- Patient's First Name: \* [text input field]
- Patient's Last Name: \* [text input field]
- Patient's Date of Birth: \* [calendar icon] [text input field]
- Reason For Release: \* [Please select type] [dropdown menu]
- Service Period Start: [calendar icon] [text input field] End: [calendar icon] [text input field]
- Additional Instructions or Upcoming Appointment: [text input field]

A blue "Continue" button is located at the bottom right of the form.

1. Enter the patient's first name in the **Patient's First Name** input field.
2. Enter the patient's last name in the **Patient's Last Name** input field.
3. Enter the patient's date of birth in the **Date of Birth** input field. This is done by typing in the date of birth or clicking on the **Calendar** icon and selecting a date.
4. Select the reason that the patient information is being requested from the **Reason for Release** drop-down menu.
5. Enter the service period start date in the **Service Period Start** input field. This is done by typing in the date or clicking on the **Calendar** icon and selecting a date. The service period start date is the starting date of the range of the information you wish to request. For example, if you wanted to request the patient's records from June 5, 2013 through December 10, 2013, you would enter 06/05/2013 in this field.
6. Enter the service period end date in the **Service Period End** input field. This is done by typing in the date or clicking on the **Calendar** icon and selecting a date. The service period end date is the ending date of the range of the information you wish to request. For example, if you wanted to request the patient's records from June 5, 2013 through December 10, 2013, you would enter 12/10/2013 in this field.

7. Enter any additional instructions or special information you would like the healthcare provider to follow or know when they process your request for protected health information in the **Additional Instructions or Upcoming Appointment** input field. Examples include, the date and time of an upcoming appointment, other time sensitive deadline or specific information you seek.

### Information and Items to Release

The **Information and Items to Release** section of the **Electronic Request Form**, illustrated below, is where you enter information about the information you are requesting. You must select at least one item from the list. You can also request specific or special items using this form. Please follow the steps below to complete this section of the **Electronic Request Form**.

▼ Information and Items to Release

Click on + to select each document or item you want to request:

Pertinent Info -Follow Up Care	+
Billing Statements	+
Consultation Reports	+
Cardiology Images	+
Cardiology Reports	+
Discharge Instructions	+
ER Records	+
History/Physical Exams	+
Laboratory Reports	+
Operative Reports	+
Pathology Reports	+
Progress Notes	+
Radiology Images	+
Radiology Reports	+
All Records-Single Date of Service	+
All Records-All Dates of Service	+

0 items selected [Remove all](#)

Other Documents or Items:

[Continue](#)

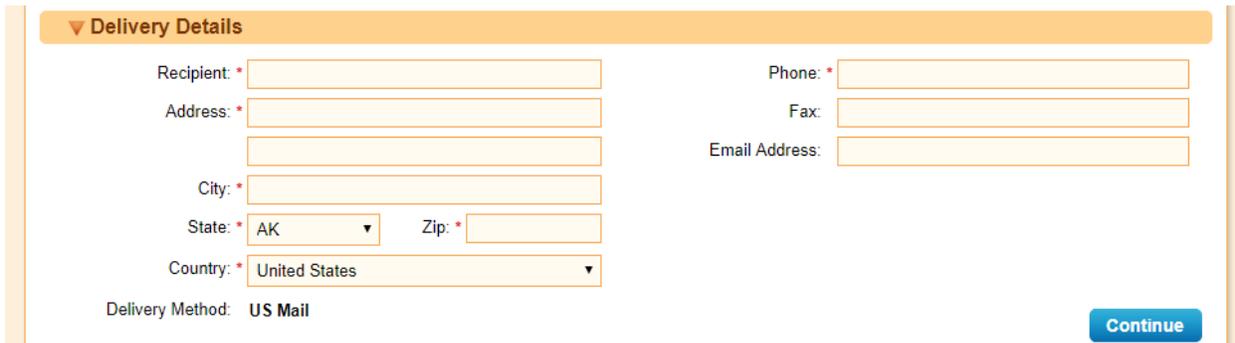
1. To select a document or item in the left column, simply double click on the document name or plus sign and it will be moved the pane on the right in indicating it is selected as part of the request.
2. To unselect a document or item in the right column, simply double click on the document name or plus sign and it will be removed the pane on the right. Click **Remove all** within the Items Selected pane to remove all Documents/Information that have been selected.
3. In the **Other Documents or Items** area, enter any additional or special documents/items you seek that are not on the list above.

### Delivery Details

The **Delivery Details** section of the **Electronic Request Form**, illustrated below, designates where the requested information will be sent and how it is sent. This is the person or

organization that will receive the requested information and may be different from the person or organization making the request. If the information is being sent to individual or organization specified in the **Your Contact Section**, then you will only be able to view the information and not make changes to it.

If you want the information to go somewhere other than to yourself, you will have to select a different recipient in the **Getting Started** section.



**▼ Delivery Details**

Recipient: \*

Address: \*

City: \*

State: \* AK  Zip: \*

Country: \* United States

Delivery Method: US Mail

Phone: \*

Fax:

Email Address:

[Continue](#)

If the requested information is going to a different location than the person or organization in the **Your Contact Section**, please follow the steps below to complete this portion of the **Electronic Request Form**.

1. Enter the recipient's name and/or organization in the **Receiver** input field.
2. Enter the recipient's address in the **Address** input field(s).
3. Enter the recipient's city in the **City** input field.
4. Select the recipient's state from the **State** drop-down menu.
5. Enter the recipient's zip code in the **Zip** input field.
6. Select the recipient's country from the **Country** drop-down menu.
7. Enter the recipient's contact phone number in the **Contact Phone** input field.
8. Enter the recipient's fax number in the **Fax** input field. This is a required field if the selected delivery method is fax.
9. Enter the recipient's email address in the **Email Address** input field.



The **Delivery Method** is only displayed for informational purposes. If it is not correct it will need to be changed in the **Getting Started** section.

## Security

The **Security** section of the **Electronic Request Form**, illustrated below, is used to as a backup measure used to authenticate you in the event you need to contact Arctrial or the healthcare provider about the request. The security question and answer is kept secret between you, Arctrial and the healthcare provider as a means to identify you.

It is also used to verify your identity if the requested information is being sent to you as an electronic file through Arctrial.

Please follow the steps below to complete this section of the **Electronic Request Form**.



The screenshot shows the Security section of the form. It features a yellow header with a downward arrow and the word "Security". Below the header are three input fields: "Security Question: \* Select Question" (a dropdown menu), "Security Question Answer: \*" (a text box), and "Please enter the code shown below: \*" (a text box). Below the text box is a CAPTCHA image showing the code "aMweQ" with a refresh icon. A blue "Continue" button is located at the bottom right of the form.

1. Select a security question from the **Select Question** drop-down list.
2. Enter your answer to the **Security Question** you selected.
3. Enter the code displayed below the **Please type in the code shown above** input field. This is to make sure that an actual person is making the request.

## Step 3: Provide authorization to process your request

Most healthcare provider requires a signed authorization in order to process a request to release protected health information. This is in addition to the information provided in the online request form.

After pressing **Continue** in the **Security** section in Step 2, the **Step 3: Provide Authorization to Process Request** screen is displayed. There different options to provide the authorization depending on whether or not you are the patient, parent of a minor or legal guardian or a 3<sup>rd</sup> party (attorney, insurance company, etc...) requesting the records.

### *Patient, Parent of a Minor or Legal Guardian*

The options for a patient, parent of a minor or legal guardian to provide the necessary authorization are shown in the illustration below.

Step 3: Provide authorization to process your request

Authorization to Disclose Protected Health Information

Thank you for completing the request form. The final step is to submit a signed authorization to permit us to disclose the requested information. Please choose from one of the following options:

<input type="radio"/>	Electronically sign the authorization form on a touch enabled device, such as smart phone, tablet or PC with a touch screen.	
<input type="radio"/>	Download, print, sign the authorization form and fax it back to Arctrieval.	
<input type="radio"/>	Download, print, sign the authorization form, scan it into a PDF file and email it back to Arctrieval. Another option is to take a clear picture of the signed document with a smart phone or tablet and email it to Arctrieval.	
<input type="radio"/>	Download, print, sign the authorization form and mail it back to Arctrieval.	

Back

Continue

You have four options to provide the authorization to process your request.

1. You may provide your authorization by electronically signing the request on a touch enabled device, such as smartphone, tablet or PC with a touch screen. This option is for patients, parents of minors or legal guardians requesting information.
2. You may download the signature form, print out the form, sign the form and fax it to Arctrieval using the number on the cover sheet.

3. You may download the signature form, print out the form, sign the form, scan the form into a file and email the scanned file to Arctrieval. You can also take a clear picture of the signed document with a smart phone or tablet and email the pictures to Arctrieval.
4. You may download the signature form, print out the form, sign the form, and mail it to Arctrieval.

After you select an option, the **Continue** button will activate and you can move to the next step based on your selected option.

## Electronic Signature

Arctrieval has the ability to accept an electronic signature created using a touch enabled device such as a smartphone, tablet or PC with a touch screen. If you chose the electronic signature option and pressed **Continue** you will see the following screen:

**Authorization to Disclose Protected Health Information**



I am currently using a touch enabled device, such as smartphone, tablet or PC with a touch screen and want to sign my request now.

---

Please send me an email with a signature link so I may electronically sign my request using a touch enabled device.

**Important Note:**  
If you are not requesting your own or your minor child's information, additional documentation such a proof of guardianship or a medical power of attorney may be required.

[Back](#) [Continue](#)

Please choose one of the following options to continue:

1. **Currently Using Touch Device:** If you are currently using a touch enable device to complete the electronic form, chose the first option to complete your request. You will be taken to a final screen to review and electronically sign the authorization form.
2. **Have Access to Touch Device:** If you are using a device that does not have touch capabilities, but have access to a touch enabled device, chose the second option to complete your request. You will be taken to a final screen to check your email address and have the signature link sent to you.
3. **Do Not Have Touch Device:** If you do not have a touch device or access to a touch device press the **Go Back** button to select a different signature authorization method.

## Electronic Signature: Currently Using Touch Device

Selecting the first option when you are currently using a touch device, will take you to the screen shown below to review a few items, make sections regarding sensitive information and capture your signature.

**Authorization to Disclose Protected Health Information**



**NOTICE**

I understand that, if this information is disclosed to a third party, the information may no longer be protected by the federal privacy regulations (HIPAA), state or local regulations or laws, and may be redisclosed by the person or organization that receives the information. I release Dr. Thomas Jones Jr. Name and Arctrieval Inc. its employees, officers and directors, medical staff members, and business associates to the extent indicated and authorized herein.

**MY RIGHTS**

I understand this authorization is voluntary and may refuse to sign this form. Treatment, payment enrollment or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for: 1) conducting 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 protected health to provide to a third party. Under no circumstances may an individual be required to authorize the disclosure of psychotherapy notes. I may revoke this authorization at any time, in writing by submitting it to: Dr. Thomas Jones Jr. Address, City, State, Zip. My revocation will take effect upon receipt, except to the extent others have acted in reliance upon my authorization. I have a right to receive a copy of this authorization.

**EXPIRATION**

Unless, I revoke this authorization earlier, it will expire 12 months from the date of signature.

**I specifically authorize the release of the following information (check as appropriate):**

- Alcohol or drug treatment information
- HIV or STD test results
- Mental health treatment information (other than psychotherapy notes)

**Signature Area:**

**Clear**

**Important Note:**

If you are not the patient making the request, additional documentation may be required in certain situations, such as:

- Guardianship of the patient
- Medical power of attorney for the patient
- Executor of an estate or next of kin for a deceased patient

If any of these apply to your situation, please press the **Go Back** button to select a different option to submit the authorization form. Please be sure to include supporting documentation.

**Back**

**Finish**

Please follow the steps below to complete your submission:

1. If you are requesting sensitive information, you will need to specifically authorize the release of this information by checking the appropriate box or boxes. Sensitive information will not be released without the specific consent.
2. Please sign your name as best and neatly as possible in **Signature Area**. You have as many opportunities to sign your name as you would like. Simply press the **Clear** button to start your signature over.

3. After you are satisfied with your signature, press the **Finish** button.

### Electronic Signature: Send Email to Touch Device

Selecting the second option will take you to the screen shown below to review your email address and send a link sent to your email that can be accessed on a touch enabled device.

**Authorization to Disclose Protected Health Information**



An email will be sent to the address below with a link to capture your electronic signature. It is very important that you open the email and link on a touch enabled device such as a smartphone, tablet or PC with touch screen.

Please verify that the email the address below is correct. If it is not correct, please make any necessary changes to the email address before pressing finish. Changes made here will also be updated on your request form.

Email Address: \*

**Important Note:**  
If you are not the patient making the request, additional documentation may be required in certain situations, such as:

- Guardianship of the patient
- Medical power of attorney for the patient
- Executor of an estate or next of kin for a deceased patient

If any of these apply to your situation, please press the **Go Back** button to select a different option to submit the authorization form. Please be sure to include supporting documentation.

[Back](#) [Finish](#)

Please follow the steps below to complete your submission:

1. Please review your email address and make sure it is going to an email account that you can access from a touch enabled device. Update your email address if necessary. Updating your email address here will also change it on the request itself.
2. If the email address is correct, press the **Finish** button.

### Signature Confirmation

After you electronically sign your request using either option, a confirmation email will be sent to the email address your provided. This will allow you to obtain a copy of the complete request with your signature.

### Fax, email or Mail Authorization Form

Selecting the Fax, email or Mail option to provide the authorization to disclose protected health information, will take you to the following screen:

Authorization to Disclose Protected Health Information

The authorization form should automatically start downloading to your browser. If the download did not automatically start, click on the following button to begin the download:

Download Authorization

Please save the form to your computer or device before pressing Finished.

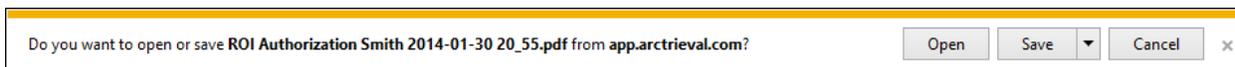
You will also receive an email with a link to the authorization form in case you need another copy or experience issues with your browser.

Signing and returning the authorization form is very important. Due to federal and state laws and to protect patient privacy, we need a signed authorization to release the requested information.

Finish

Press the **Download Authorization** button to begin downloading a PDF file of the Signature Authorization form. Depending on settings in your browser and configuration of your computer the file will either be:

- Downloaded to your computer and the bottom of the web browser will display a message similar to the following:



- Open in a PDF reader such as Adobe Acrobat Reader.

### Submission Confirmation

After pressing the Finish button on the Electronic Signature page or Download Authorization page the following confirmation is displayed:

Request Confirmation

You have successfully submitted your online request to obtain information from Dr. Thomas Jones Jr..

If you electronically signed the authorization form, you will receive an email with a link to download a copy of the signed authorization form. You have up to 7 days to download your copy.

If you are returning the signed authorization form via fax, email or mail, you will receive an email with a link to the authorization form. Please print, sign and return the authorization form as soon as possible to prevent any delays in processing your request.

Please be sure to close your browser or tab to protect your information and privacy.

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### 3<sup>rd</sup> Party (Doctor, Attorney, Insurance Company, etc...)

The options for a 3<sup>rd</sup> Party such as a doctor, attorney, insurance company etc... to provide the necessary authorization are shown in the illustration below:

**Step 3: Provide authorization to process your request**

**Authorization to Disclose Protected Health Information**

Thank you for completing the request form. The final step is to submit a signed authorization to permit us to disclose the requested information. Please choose from one of the following options:

- Download, print, sign the authorization form and fax it back to Arctrieval. 
- Download, print, sign the authorization form, scan it into a PDF file and email it back to Arctrieval. Another option is to take a clear picture of the signed document with a smart phone or tablet and email it to Arctrieval. 
- Download, print, sign the authorization form and mail it back to Arctrieval. 
- Upload a PDF file of your own HIPAA compliant authorization signed by the patient. 

[Back](#) [Continue](#)

You have four options to provide the authorization to process your request.

1. You may download the signature form, print out the form, sign the form and fax it to Arctrieval using the number on the cover sheet. You may also use your own signed authorization form by faxing it to us using the Arctrieval generated fax cover sheet as the first page of your fax.
2. You may download the signature form, print out the form, sign the form, scan the form into a file and email the scanned file to Arctrieval. You may also attach your own signed authorization form to the email with the Arctrieval generated file and send it to Arctrieval.
3. You may download the signature form, print out the form, sign the form, and mail it to Arctrieval. You may also include your own signed authorization form with the Arctrieval generated file.
4. You may directly upload your own signed authorization form to the Arctrieval system. This file will be directly attached to the request in the Arctrieval system.

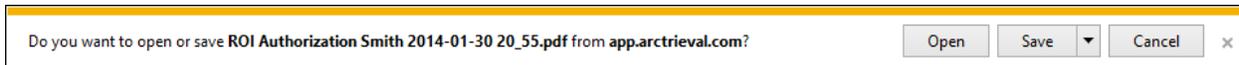
After you select an option, the **Continue** button will activate and you can move to the next step based on your selected option.

### Fax, email or Mail Authorization Form

Selecting the Fax, email or Mail option to provide the authorization to disclose protected health information, will take you to the following screen:

Press the **Download Authorization** button to begin downloading a PDF file of the Signature Authorization form. Depending on settings in your browser and configuration of your computer the file will either be:

1. Downloaded to your computer and the bottom of the web browser will display a message similar to the following:



2. Open in a PDF reader such as Adobe Acrobat Reader.

### Upload Authorization Form

Selecting upload authorization option to provide the authorization to disclose protected health information, will take you to the following screen. The actually layout of the screen may differ slightly from what is shown below depending on the type of browser you are using.

To upload the authorization to the request, follow these steps:

3. Press the **Browse** button to locate the PDF file on your computer that contains the HIPAA compliant authorization form signed by the patient. The path and file name will appear in the box to the left of the **Browse** button.
4. After you select the file, press the **Upload** button to start the upload process. You will be asked to confirm the name of the file that you are uploading. If it is not correct, press cancel and select the correct document.

### Submission Confirmation

After pressing the Finish button on the Download Authorization page or successfully uploading a file the following confirmation is displayed:

You have successfully submitted your online request to obtain information from Dr. Thomas Jones Jr..



If you uploaded your own HIPAA compliant authorization signed by the patient, you will receive a confirmation email that your request is in process after being reviewed.



If you are returning the signed authorization form via fax, email or mail, you will receive an email with a link to the authorization form. Please print, sign and return the authorization form as soon as possible to prevent any delays in processing your request.

Please be sure to close your browser or tab to protect your information and privacy.

## Authorization Signature Form

The illustration below shows the cover sheet of the **Signature Form** that needs to be signed and dated, and faxed, emailed or mailed back to Arctrieval for inclusion as part of your request.

**RELEASE OF INFORMATION COVER SHEET  
THIS BAR CODED PAGE MUST BE  
THE TOP PAGE OF ANY RESPONSE**



Patient: Smith, Julie	DOB: 05/25/1970	SysID: 001470	Request ID: 112
Facility: Dr. Thomas Jones Jr.		Form Date: 01/31/2014	Page: 1 of 3

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### COMPLETING YOUR REQUEST

Dr. Thomas Jones Jr. uses Arctrieval's correspondence management service to process requests for health information made to their facility. Although you completed an online form, a signed authorization is required to protect the patient's privacy in accordance with federal, state and local laws, rules and regulations. To finalize your request, please do one of the following:

**Patient, Parent, Guardian or Legal Representative:**

1. Verify the information on the attached authorization form is correct.
2. Using blue or black ink, clearly and neatly make any changes or corrections.
3. Sign and date the form in the space provided.
4. Return this Cover Sheet with the signed form.

**Healthcare Provider or Facility:**

1. If you already have a signed release or your own form, return this Cover Sheet and your forms.

**Attorney, Copy Service, Insurance Company and All Others:**

1. If you have additional documents and an authorization signed by the patient or their representative, return this Cover Sheet and your documents.

Fax Documents To:	Email Documents To:	Mail Documents To:
Arctrieval Inc. (877) 862-0994	Support@Arctrieval.com	Arctrieval Inc. 34522 North Scottsdale Road Suite 120-426 Scottsdale, AZ 85266

**Questions?**  
If you have any questions or need assistance, please contact the Arctrieval support team at Support@Arctrieval.com.

## Confirmation

Once the electronic form is submitted and electronically signed or the signature authorization form is received, the healthcare provider is notified of your request. There is nothing else for you to do at this point. The healthcare provider will then review your request and contact you if there are any questions or additional information is need. Usually, you will receive a confirmation email from your doctor or healthcare provider in one to two business days.

## System Error Messages

If any errors exist on a form, attempting to save that form will not be possible until the error is corrected. An error message is displayed at the top and bottom of the form as well as below each part of the form that needs attention, as shown in the following illustration. Simply follow each of the instructions displayed to remedy the error. As errors on forms are corrected, the error messages will disappear.

The screenshot shows a web form with a red-bordered error message at the top: "There were errors on the form, please adjust values appropriately to proceed with form submitting". Below this is a section titled "Your Information" with a yellow header. The form contains several input fields:

- Requestor: \* Sally Jones
- Address: \* 23 Elm Street
- City: \* Phoenix
- State: \* AZ (dropdown menu)
- Country: \* United States (dropdown menu)
- First Name: \* Sally
- Last Name: \* Jones
- Contact Phone: \* 6025551212
- Fax: (empty field)
- Email Address: \* sally@jones.com
- Zip: \* (empty field, highlighted with a red border and labeled "Required field")