

## Patient Health Record Access Request

Please note that you have the option to obtain your encounter summaries and test results via the patient portal without completing this form.

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Maiden/Other</i>
<i>Email Address</i>			
<i>Date of Birth</i>	<i>Home Phone</i>	<i>Cell phone</i>	
<i>Street Address</i>	<i>City/State</i>	<i>Zip Code</i>	

I am requesting a copy of my health records that are maintained by my provider at \_\_\_\_\_  
 for my personal review. I am requesting records for date(s) of service: \_\_\_\_\_  
Care Center Name/Number

***Please select documents:***

- |   |   |
|---|---|
| <input type="checkbox"/> Encounter Notes                      | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> Test Results (EKG, Echo, X-ray, Lab) | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Immunizations/Medications            |   |

***How would you like your records delivered to you? Please indicate below:***

- |  |   |
|--|---|
| <input type="checkbox"/> Secure Email      | <input type="checkbox"/> U.S. Mail                            |
| <input type="checkbox"/> Non-Secure email* | <input type="checkbox"/> Pick-up in person (call to schedule) |

***\*NOTE: I acknowledge that by electing to receive my health information via email in a non-secure manner that the information will not be encrypted, and that it could be intercepted and viewed by a third party. This practice is not responsible for unauthorized access of your health information while in transmission to the email address you designated above.***

- A request for substance use disorder treatment record requires a separate authorization.
- A patient will not be charged a fee for the first copy of the patient record but may be charged for additional copies of the same record.
- Some records may be unable to be emailed due to size limitations.

**Please sign and date below.**

<i>Patient Signature</i>		<i>Date</i>
<i>Signature of Personal Representative</i>	<i>Relationship</i>	<i>Date</i>