

## **Instructions for Completing the Patient Request for Access Form**

To request health information for yourself or your healthcare provider, please submit your completed Patient Request for Access Form by following the instructions listed below:

Patients/Representatives need to carefully read and complete every section prior to signing and dating the form to ensure validity and completeness.

**1. Patient Information:**

Please fill out all patient information that is listed (Name, Address, City, State, Zip Code, E-mail Address and Telephone). You may give the last 4 digits of the patient's social security number.

**2. I would like for:**

Assign what hospital, nursing home, doctors office or other healthcare center(s) will be releasing (copying and sending) the medical records.

**3. Send my records to:**

List the name, address, fax number and phone number of the physician or person to whom you want the records sent, if you are requesting records be sent to anyone but yourself.

**4. Records to be released:**

- A. Please list the **dates of service** of the records you want released. (Dates the patient was in the hospital or nursing home or seen at the doctor's office or clinic.)
- B. The type of treatment location where you received care, hospital, physician office, behavioral health facility. Then select the parts of the medical record you are requesting.
- C. Select the format you prefer to receive the information, paper or electronic.
- D. Select the method of delivery to receive records.

**5. Authorize:**

Please print your name, sign and date the form to confirm the release of medical information requested. If the patient lacks legal capacity or is unable to sign, an authorized representative may sign for the patient. (Please note written proof may be requested).

**Please note that a fee may be charged for copying the records.**

**6. Obtaining your medical record:**

- A. For access to physician office medical records please contact the physician office where you were treated.
- B. For access to hospital medical records please contact the hospital you were treated at or one nearest you. You may also call 704-667-9500 for further assistance.