



3600

## PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET

---

In some areas, Providence Health and Services hospitals and clinics store patient records separately.

We would be glad to fax a copy of this form to other facilities upon request.

Please forward this form to the Medical Record Department where you were seen. If you were seen at multiple facilities or are unsure of the appropriate contact information, you may forward the request to:


**Important:** Providence Health and Services no longer prints or releases patient social security numbers unless required for billing. However, social security numbers may be included in patient records that are more than a few years old. The records you are requesting may include your social security number.



3600

# PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET

Last Name:  First Name:

Middle Name:  Date of Birth:

Other Name(s) Used:

Address:

City:  State:  Zip:  Phone:

I would like to receive a copy of my records:  On Paper  On Disc  Secure Email

For the range of dates from:  to:

I am requesting records from the following Providence Facility(s):

Hospitals (List)	Clinics (List)

Packet provided **free of charge:**

- History and Physical • Operative Report • Diagnostic Reports (lab, xray, etc.)
- Discharge Summary • Emergency Department Report • Office Visit Notes

Billing Statement

CD of Diagnostic Film (Please provide Date of Service):

**FEES MAY APPLY** for the following requests:

Entire Record  Other (Specify):

Patient/Personal Representative

Sign Here: \_\_\_\_\_ Date:

(Print form and sign by hand)

If Personal Representative:

Print name:

Description of Authority:

**Internal Use Only**

Date \_\_\_\_\_  
 Rec'd: \_\_\_\_\_  
 ID Verified by: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_