

PATIENT REQUEST FOR HEALTH INFORMATION

First Name:	Middle Initial:	Last Name:		
Name at Time of Treatment (if different than above):				
Date of Birth (MM/DD/YYYY):	Phone:	E-Mail (optional):		
Street Address:	City:	State:	Zip:	

What records do you want? (Check appropriate boxes below):

Date(s) of Service: _____ / _____ / _____ through _____ / _____ / _____

 Discharge Summary
 Emergency Room Records
 Operative/Procedure Reports
 Billing Records

 Test Results (X-Rays, Lab/Pathology Reports) Please specify: _____

 Other (Immunization Records, Medication Lists) Please specify: _____

How would you like your records delivered?
 Paper

 Home Delivery

 In-Person Pickup

 Electronic (Email, CD, Other) Please specify: _____

Where do you want the information sent? (Fill in boxes below)

 Island Hospital should provide my records to:
 Self
 Personal Representative (indicated below)

Recipient Name:	Recipient Phone:
	Recipient Fax:
Recipient Mailing Address:	Recipient E-mail (if applicable):

(If request is for Third Party, "Authorization to Disclose/Obtain Protected Health Information" form is required)
Please print your name and sign below:

Name of Patient or Personal Representative (please print)	Relationship (please print)
Signature of Patient or Personal Representative (or signature of person who verified patient ID)	Date / Time

Please return completed form to:

Island Hospital, Medical Records 1211 24th Street Anacortes, WA 98221	Fax: (360) 299-1347 Questions? (360) 299-1326
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Patient Request for Health Information
Island Hospital

Document Owner: Director, Admitting

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Printed copies are for reference only. Please refer to the electronic copy for the latest version

Explanation for Use of Patient Request for Health Information Form

The explanation below is intended for healthcare organizations and providers in support of patients' right of access.

Purpose

This form is intended exclusively for access to the patient's health information by the patient or their designated personal representative. Its intention is to streamline the request for providers to assist in complying with the 15 day timeframe for patient access addressed by OCR guidance.

In January of 2016, the Office for Civil Rights (OCR) released *"Individuals' Right under HIPAA to Access their Health Information 45 CFR § 164.524"*. The updated guidance addressed the patient's right to inspect and/or obtain a copy of their health records and to have a copy of their records sent or directed to an individual of their choosing. OCR provides the reasoning for this additional guidance as:

*"Providing individuals with easy access to their health information empowers them to be more in control of decisions regarding their health and well-being."**

If patient requests health information to be transmitted through unsecured email, the provider should comply.

Patient Request Form versus Authorization Form

The Patient Request form is intended to streamline the request process for patients to obtain their information. Signature is not required of the patient for this purpose.

The Authorization to Disclose/Obtain Protected Health Information form should be utilized for any other types of release of information that requires patient authorization/signature, such as to a third party or for protected health information requirements.

Individual's Right to Give Access to their Health Information to Another Person

Per the OCR guidance, 45 CFR 164.524(c)(3)

*"An individual also has a right to direct the [provider] to transmit the [protected health information] PHI about the individual directly to another person or entity designated by the individual. The individual's request to direct the PHI to another person must be in writing, signed by the individual, and clearly identify the designated person and where to send the PHI."** This requires use of the hospital's Authorization to Use or Disclose Healthcare Information form instead.

References: *OCR [guidance 45 CFR 164.524\(c\)\(3\)](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html) <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>

HHS Authorization FAQ <https://www.hhs.gov/hipaa/for-professionals/faq/authorizations>