**Medical Records Request Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request a copy of the following medical records for:

 (Patient/Guardian Name)

[ ] Myself [ ] Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Patient Name) (Date of Birth)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Relationship to patient)

|  |  |
| --- | --- |
| Service Dates[ ]  All dates of Service[ ] Last 30 days from date of request[ ] Last 90 days from date of request[ ] Last year from date of service[ ] From:\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_ | Information Requested[ ] All Records [ ] Radiology Reports[ ] Consultation [ ] Assessments[ ] ECG/EKG Reports [ ] Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Laboratory Results  |

I would like to receive records via:

[ ] Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

[ ] Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Pick up in person (\*requires photo idea verification)

I, the undersigned, authorize Steese Immediate Care, LLC to release the requested medical records via the above selected means. I understand by signing below I am authorizing the release of my Protected Health Information (PHI).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\*Please allow for 3-5 business days for the request to be completed.

\*\*If you are the guardian requesting medical records, we require the requestors name to be listed on the patient’s original intake paperwork.