



PATIENT'S REQUEST FOR ACCESS TO BILLING RECORDS

Date: _____ M.R. # or Account if known: _____

Patient Name: _____ AKA/ other names: _____

Date of Birth: _____ Phone: _____

Address: _____ City/State/Zip _____

Hospital/Facility Name: DOMINICAN HOSPITAL- SANTA CRUZ, CA 95065
(Required)

Covering the period of healthcare from *(date)* _____ to *(date)* _____

You have requested access to billing-related health information about you. To enable us to process your request for a billing statement, please read the following carefully and complete the requested information below.

Select documents being requested:

☐ Itemized Statement ☐ Other _____

Select your preference for receiving these documents:

☐ Mail to address on file with Dominican Hospital

☐ Mail to another address:

Address: _____ City/State/Zip _____

Patient's Right to Direct Billing Statement to Another Person. You have the right to ask us to send your billing statement to a person of your choice. If you want us to send your records to someone else, please give that person's name and full address here:

Print Person's First and Last Name

Address: _____ City/State/Zip _____

If you ask to have a billing statement sent to another person and the statement may refer to these types of information, please initial each applicable item to confirm your request. Certain types of



health information are specially protected under state or other laws. Some itemized billing statements may refer to payment for those specially protected types of information.

- _____ Mental health records
- _____ Substance abuse treatment information
- _____ HIV related information and other communicable diseases
- _____ Genetic testing information

This request will be processed in the order received.

Patient or Personal Representative's Signature

Date

Print Name

Telephone #

Relationship to Patient or Personal Representative

Evidence of authority
(Power of Attorney Document, etc.)

Return this document to one of the following:

Fax: 831-465-7933

Mail: Dignity Health IZ request
ATTN: PFS
1555 Soquel Drive in Santa Cruz, CA 95065