Dignity Health.

PATIENT'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

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

Patient Name: _____ AKA/Other Names: _____

Date of Birth: _____ Phone: _____

Address: _____ City/State/Zip _____

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

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

There may be fees associated with your request. The form in which you access your information may determine the amount of such fees.

A. You would like access to the health information about you maintained by *(Hospital or facility name)* as follows: *(Check one).*

- ☐ inspect only
- ☐ copy only *(Fees may apply. See attached price list.)*
- ☐ inspect and copy *(Fees may apply. See attached price list.)*

B. You may obtain the following in lieu of a copy of the medical records:

- ☐ written summary of health information *(Fees may apply. See attached price list.)*

C. Tell us which type of health information you want to access *(Check all that apply):*

- ☐ Complete Health Record(s)
- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Consultation Records
- ☐ Billing Records
- ☐ Emergency Room Records
- ☐ Progress Notes
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ Other *(please specify)* _____

The following classes of information are protected by special privacy laws and access may be subject to special rules or may be restricted under certain circumstances or access may require consultation with your physician or healthcare provider responsible for your care before release. If you are requesting access to records relating to any of the following, please initial each applicable item to confirm your request.

Dignity Health.

Arizona Dignity Health Facilities:

- ☐ Mental health records (excludes "psychotherapy notes")
- ☐ Substance abuse treatment records
- ☐ HIV related information and other communicable diseases.
- ☐ Genetic testing information

California Dignity Health Facilities:

- ☐ Mental health or developmental disability treatment records (excludes "psychotherapy notes")
- ☐ Substance abuse treatment records
- ☐ HIV test results (This authorizes disclosure of laboratory test results only. **Note that your records may include information concerning your HIV status <u>even</u> if you do not initial this line.)**

Nevada Dignity Health Facilities:

- ☐ Mental health (excludes "psychotherapy notes")
- ☐ Substance abuse treatment records
- ☐ Genetic testing information

All patients' (or personal representative's) request(s) for access to their health information are processed in the order received. Upon the hospital's receipt and review of your request, we will contact you for a time and place when and how you may inspect and / or obtain a copy of the records requested.

This request for access will not require (hospital or facility name) to provide health information about you to anyone other than to you or your personal representative. If you request us to disclose health records or information about you to some other person, we may need a signed authorization (a different form) from you to enable us to transmit such information.

I have read and confirm the terms of access stated herein.

Patient or Personal Representative's Signature	Date
Print Name if Other Than Patient	Telephone #
Relationship to Patient of Personal Representative	ID Presented
Name of hospital employee verifying signatory information	Title and Department

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CHANDLER REGIONAL MEDICAL CENTER
RELEASE OF PROTECTED HEALTH INFORMATION
PATIENT INSTRUCTIONS

How Do I Request a Copy of My Medical Information?

You can request a copy of your medical information in any of the following ways.

- If you are currently an inpatient, you may sign the attached form and give it to your nurse prior to leaving.
- You may fill out the form in person in the Medical Record/Release of Information Department (see below for location). Generally, information such as all dictated reports, labs, and radiology reports can be processed on a walk-in basis with little or no wait times. This will depend on current number of walk-in requests.
- If you are having someone else pick up your records, you will need to give them a letter authorizing them to pick up the records and a photocopy of your Photo ID. Or a Medical Power of Attorney must be presented.
- The authorization form can also be found online on our internet page. After selecting the Patients and Visitors tab on the left, click on "Patients" for the drop down menu and choose Medical Records. You will see a link entitled "Patients Request for Access to Protected Health Information." The form is in English and Spanish. You may print this form and bring it with you to the Medical Records Department or mail it to the Medical Records Department at the address below.

How Long Will it Take to Receive My Medical Information?

Your records will be ready 5 business days from when you are discharged or from the day we receive the Authorization to process your request. If you signed the Authorization while in the hospital, someone from our Release of Information Department may contact you within 5 days of discharge. If you have not heard from us, or if you would like to speak with someone in this department, please call: 480-728-3125.

Where Do I Go to Pick Up My Medical Information?

Below are the address, hours, and parking information for our Medical Records Department. Please call to confirm your records are ready for pick up before you come. You will need to show a photo ID. You may also request your records be mailed to you.

Chandler Regional Medical Center
1955 W. Frye Road
Chandler, AZ 85224
(480) 728-3000 (Main Hospital Number)
(480) 728-2660 (Release of information)

Free valet parking is outside our main entrance. From the main entrance follow the hallway all the way to the end and turn right. Continue through the double doors (use auto button on right) and Medical Records will be the first door on the left. If you would like to stop at the Information Desk in the main entrance, a volunteer will be happy to assist you.