

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 to access the health information about you maintained by:

(Specific Facility Name Required)

B. Identify how you would like to access the health information:

☐ Inspect only

☐ Copy only (fees may apply)

☐ Paper

☐ Electronic: ☐ USB Drive ☐ CD ☐ Email ☐ Other: _____

☐ Secure Email: _____ ☐ Unsecure Email: _____

***If requesting unsecured email, I understand that using unsecured email may place my PHI at risk, and accept the risk of sending my PHI via unsecured mechanism.**

☐ Inspect and copy (fees may apply)

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

☐ Written summary of health information (fees may apply)

D. Tell us which type of health information you want to access, not applicable for Online Patient Center (check all that apply):

☐ Complete Health Records

☐ Emergency Room Records

☐ Discharge Summary

☐ Progress Notes

☐ History and Physical

☐ Laboratory Tests

☐ Consultation Reports

☐ X-ray Reports

☐ Itemized Statement of Charges

☐ Itemized Statement including
Charges, Payments and Adjustments

☐ Others (please specify): _____

E. **Online Patient Center/Patient Portal Access Only**

Email Address: _____



F. Patient's Right to Direct Health Information to another person. You have the right to ask us to send your health information to a person of your choice. We need that person's name and full address. Please give that person's name and full address here:

Print Person's First and Last Name _____

Print Address _____

Print City/State/Zip Code _____

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.

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 even 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 with either denial or acceptance of the request. If your request is accepted we will contact you for a time and place when and how you may inspect and/ or obtain a copy of the records requested.



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

Patient or Personal Representative's Signature

Date

Print Name if Other Than Patient

Phone Number

Relationship to Patient of Personal Representative

ID Presented

Name of Hospital Employee Verifying Signatory Information

Title and Department

Patient Directed Right of Access Pick-up Signature

Date

Return to the following address or Fax, Attn: Health Information Management/Medical Records:

California Medical Center

1401 S Grand Ave Los Angeles, CA 90015-3010

Phone:(213)742-5470

Fax:(213)742-5890

Arroyo Grande Community Hospital

French Hospital Medical Center

Marian Regional Medical Center

1400 East Church Street Santa Maria, CA 93454

Phone: (805) 739-3300

Fax: 805-739-3069

Chandler Regional Medical Center

1955 W. Frye Road Chandler, AZ 85224

Phone:(480)728-2660

Fax:(480)728-3980

Glendale Memorial Hospital

1420 S Central Avenue Glendale, CA 91204-2508

Phone:(818)502-2221

Fax:(818)549-1793

Mercy Hospital Folsom

Mercy General Hospital

Mercy San Juan Medical Center

Woodland Memorial Hospital

Sierra Nevada Memorial Hospital

3400 Data Drive STE 1064 Rancho Cordova, CA 95670

Phone: (916) 854-2000

Mercy Gilbert Medical Center

3555 S. Val Vista Drive Gilbert, AZ 85297

Phone:(480)728-7103

Fax:(480)728-9618

Mercy Medical Center Mt. Shasta

914 Pine St Mount Shasta, CA 96067-2143

Phone: (530)926-9341

Fax:(530)926-3840

Mercy Medical Center Redding

2175 Rosaline Ave Redding, CA 96001-2509

Phone:(530)225-6141

Fax:(530)225-7279

Northridge Hospital Medical Center

18300 Roscoe Blvd Northridge, CA 91325-4105

Phone:(818)885-5390

Fax:(818)775-0953

Saint Francis Memorial Hospital

900 Hyde St San Francisco, CA 94109-4806

Phone:(415)353-6311

Fax:(415)353-6316

Sequoia Hospital

170 Alameda De Las Pulgas Redwood City, CA 94062-2751

Phone:(650)367-5141

Fax:(650)482-6176

St. Elizabeth Community Hospital

2550 Sister Mary Columba Dr. Red Bluff, CA 96080-4327

Phone:(530)529-8170

Fax:(530)529-8165

St. John's Pleasant Valley Hospital

2309 Antonio Ave Camarillo, CA 93010

Phone:(805)389-5906

Fax:(805)389-6066

St. John's Regional Hospital

1600 N. Rose Ave Oxnard, CA 93030

Phone:(805)988-2853

Fax:(805)981-4428

St Joseph's Medical Center

350 W. Thomas Rd Phoenix, AZ 85013

Phone:(602)406-3357

Fax:(602)406-4120

St. Joseph's Medical Center Westgate

350 W. Thomas Rd Phoenix, AZ 85013

Phone:(602)406-3357

Fax:(602)406-4120

St. Mary's Medical Center Hospital

1050 Linden Avenue Long Beach, CA 90813-3321

Phone:(562)491-9941

Fax:(562)491-4889

St. Mary's Hospital

450 Stanyan St San Francisco, CA 94117-1079

Phone:(415)750-5842

Fax:(415)750-8121

St. Rose Dominican Hospital De Lima Campus

102 E. Lake Mead Pkwy Henderson, NV 89015

Phone:(702)492-8350

Fax:(702)616-5235

St. Rose Dominican Hospital San Martin Campus

8280 W Warm Springs Rd Las Vegas, NV 89113

Phone:(702)492-8350

Fax:(702)492-8165

St. Rose Dominican Hospital Siena

3001 St. Rose Pkwy Henderson, NV 89052

Phone:(702)616-5345

Fax:(702)616-5235