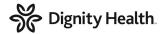
Patient's Request for Access to Protected Health Information

Date:	M.R. # or Account #:
Patient Name:	
	Phone:
	City/State/Zip:
	m (date): (date):
•	information about you. To enable us to process your request, d complete the requested information below.
There may be fees associated with may determine the amount of such fe	your request. The form in which you access your information es.
A You would like to access the healt	n information about you maintained by:
	Specific Facility Name Required)
☐ Secure Email: *If requesting unsecured email	CD □ Email □ Other: □ Unsecure Email: I, I understand that using unsecured email may place my
C. You may obtain the following in lie ☐ Written summary of health infor	• •
D. Tell us which type of health inform Center (check all that apply): Complete Health Records Discharge Summary History and Physical Consultation Reports Itemized Statement of Charges Others (please specify): E. Online Patient Center/Patient Po	
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.

Patient or Personal Representative's Signature Print Name if Other Than Patient 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

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

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 Almeda 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