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)* _____ to *(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 *St. Joseph's Medical Center* as follows: *(check one).*
   - ☐ inspect only
   - ☐ copy only *(Fees may apply. Price list will be given upon request.)*
     - ☐ Paper
     - ☐ CD
   - ☐ inspect and copy *(Fees may apply. Price list will be given upon request.)*

B. You may obtain the following in lieu of a copy of the medical records:
   - ☐ written summary of health information *(Fees may apply. Price list will be given upon request.)*

C. Tell us which type of health information you want to access (Not applicable for online patient center) *(Check all that apply)*
   - ☐ Complete Health Record(s)
   - ☐ Discharge Summary
   - ☐ History and Physical
   - ☐ Consultation Reports
   - ☐ Emergency Room Records
   - ☐ Progress Notes
   - ☐ Laboratory Tests
   - ☐ X-ray reports
   - ☐ Others (please specify) _____

**PLEASE FAX FORM TO: (209) 461-6882**



Dignity Health
St. joseph's Medical Center

1800 North California Street
Stockton, CA 95204
(209) 943-2000

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**PATIENT REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

8700-045 (Rev 08/01/2014)

D. You would like access to the on-line Patient Center/Patient Portal. Email address: _____

☐ please setup account and provide instructions regarding access to Patient Portal

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.

**California Dignity Health Facilities**

_____ Mental health or developmental disability treatment records (excludes "phychotherapy notes"

_____ Substance abuse treatment records

_____ HIV test results (This authorizes disclosure of laboratory test results. **Note that your records may include information concerning your HIV status <u>even</u> if you do not initial this line.)**

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 St. Joseph's Medical Center 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.



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**PATIENT REQUEST FOR ACCESS TO PROTECTED HEALTH 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 |

HIM DEPARTMENT ONLY:

ROI # _____ Account #:_____ Clerk: _____

Completed: ☐ Yes ☐ No By: _____ Date: _____

Patient Request Initial Call for Invoice: ☐ Yes ☐ No

Comments: _____

_____

_____

Bill to: _____ Ship to: _____

_____ _____

_____ _____



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**PATIENT REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

8700-045 (Rev 036/28/2014)