



PATIENT DIRECTED REQUEST FOR PROTECTED HEALTH INFORMATION

Patient Information section with fields for Name of Patient, Patient's Date of Birth, Address, City, State, ZIP, Ph#, and Previous Name(s).

Beacon Medical Group Location/Doctor's Name section with checkboxes for various locations and fields for Name, Address, City, State, and ZIP.

Dates to be released section with date fields and checkboxes for Clinic Records, Hospital Records, Medication Lists, Billing Records, Face Sheet, Labs, Radiology, Discharge Summary, ER - Emergency Room Records, Operative/Procedure Reports, Immunization Records, Consult, Copies of Films/Images, and Other.

Delivery Method section with checkboxes for Secure Electronic Delivery, Mail, In-Person Pickup, CD/DVD, Review Only, and Other.

Provide Records To section with checkboxes for Self and Other (indicated below), and fields for Name, Ph#, Fx#, Address, City, State, and ZIP.

Beacon Health System recognizes a patient's right under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing records.

Signature of Patient or Personal Representative and Date/Time fields.

Printed name of Patient or Personal Representative and Relationship to Patient (Personal Representative - provide documentation) fields.