



# Patient Request to Access a Designated Record Set

Patient's Name:  DOB:

Prior Name(s) Used:  Contact Phone:

Patient's Address:

City:  State:  Zip:

Please disclose my records to:  myself at the address above or  the following recipient:

Name:  Address:

City:  State:  Zip:

Please send my records via:  MyChart  Paper  Disc  Email

Email Address:

I am requesting information from the following facility(s):

List Hospital(s) or Provider Name(s)	List Clinic(s) or Provider Name(s)

For the range of dates from:  to:

Information to be disclosed:

- History & Physical
- Operative Report
- Diagnostic Reports (lab, x-ray, EKG, etc.)
- Other (specify):
- Discharge Summary
- Emergency Department Report
- Progress Notes
- Last 2 years Only

**Fees may be associated with this request. Some records are unavailable to receive via MyChart.**

Patient Signature:  Date:   
(Print form and sign by hand)

Representative Name:  Date:

Representative Signature:  Relation to Patient:   
(Print form and sign by hand)