200 St. Clair Street
St. Marys, Ohio 45885
(419) 394-3335

PATIENT REQUEST FOR ACCESS TO HEALTH INFORMATION

GLHS recognizes a patient's right of access under HIPAA.

Patient Name: _____ Patient Date of Birth: _____

1. Request access for Dates of Service:_____
   OR ☐ Any and All Past, Present and Future information (until revoked in writing)

2. Information to be accessed or released: (check all that apply)
   - ☐ Discharge Summary
   - ☐ History & Physical
   - ☐ Consultation
   - ☐ Operative Report
   - ☐ Discharge Instruction Sheet
   - ☐ ER Chart
   - ☐ Urgent Care Chart
   - ☐ Laboratory Reports
   - ☐ Medical Imaging Reports
   - ☐ EKG
   - ☐ Physician Orders
   - ☐ Progress Notes
   - ☐ All Dictated Reports
   - ☐ Other (specify):_____

3. Requestor: ☐ Self (Patient)
   ☐ Patient Representative; Name _____
   ☐ Parent/Guardian ☐ HPOA ☐ Executor of Estate ☐ Other: _____

4. How would you like your records delivered?
   ☐ Paper
   - ☐ In-Person Pickup (self)
   - ☐ Allow someone else to pick up my records; Name: _____
   - ☐ Mail Delivery; Street Address: _____
     City/State/Zip: _____

   ☐ Inspect Originals

   ☐ Electronic Copy (USB, email, CD-images); Please Specify: _____
   _____ (patient initials)* NOTE: EMAIL is NOT a secure method of sending medical information. I understand I am requesting my information to be sent in a non-secure method.

   ☐ Fax copies to Patient (Note: Confirm with patient that their fax machine is in a secure location)
   (GLHS is not responsible for unauthorized disclosure as a result of an unsecured patient fax machine). Patient Initials _____

   ☐ Release Lab Results over the phone. Please provide a password _____
   (GLHS is not responsible for unauthorized disclosure as a result of someone other than the patient calling to receive Lab Results over the phone with above identified password). Patient Initials _____

_____ _____
Signature of Patient or Representative Date

For Internal use only:

Patient MRN #:	*Patient Visit #:*	
Date Requested:	*Date Completed:*	*Completed By:*