ROI

Patient Information (Please Print)

First Name: Middle Initial: Last Name:

Name at Time of Treatment (if different than above):

Date of Birth (MM/DD/YYYY): Phone: E-mail (optional):

Street Address: City: State: Zip:

What records do you want? (Check appropriate boxes below):

Date(s) of Service: ____/____/____ through ____/____/____

☐ Progress Notes ☐ Emergency Room Record ☐ Discharge Summary ☐ History and Physical
☐ Consultation(s) ☐ Lab Reports ☐ Pathology Report ☐ Operative Note(s) ☐ Imaging/X-Ray Films
☐ Imaging/X-Ray Reports ☐ Entire Record ☐ Fetal Heart Monitor Strips
Sensitive Information: ☐ Alcohol Abuse ☐ Drug Abuse ☐ Communicable diseases, including HIV status
☐ Genetic Testing ☐ Psychiatric/Behavioral Diagnoses
☐ Other (specify) _____

_____

How would you like your records delivered?

☐ Paper
☐ Electronic: ☐ Email (I understand that there is a risk to me when my information is transmitted via an unsecured e-mail system, and the information could be accessed by a third party during the transmission process. By checking the box to request Email delivery I accept this risk.)
☐ USB or CD
☐ Password Protected ☐ Not Password Protected
☐ Mail to address below ☐ I will pick up in person

If mailing, where do you want the information sent? (Fill in boxes below):

Please provide my records to: ☐ Myself ☐ Personal Representative (indicated below) ☐ Other Third Party

Recipient Name: Recipient Phone:
Recipient Fax:

Recipient Mailing Address: Recipient E-mail (if applicable):

Please print your name and sign below:

Name of Patient or Personal Representative (please print) **Relationship (please print)**

Signature of Patient or Personal Representative Date/Time

Please return completed form to:

Facility Name: **E-mail:**

Address: **Fax:**

City/State Zip:

This Healthcare Facility 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 requested records.

Patient Label

Northwest Medical Center
Oro Valley Hospital