



# PATIENT REQUEST FOR ACCESS TO A DESIGNATED RECORD SET

Patient's Last Name:

First Name:  Middle Initial:  DOB:

Other Name(s) Used:

Address:

City:  State:  ZIP:  Phone:

**For What States:**

Alaska       California       Montana       Oregon       Washington

For the range of dates from:  to:

I would like to receive a copy of my records:  On Paper     On Disc     Secure Email

**I am requesting records from the following Providence Facility(s):**

Hospitals (List)	Clinics (List)

Packet provided **free of charge:**

- History and Physical • Operative Report • Diagnostic Reports (lab, xray, etc.)
- Discharge Summary • Emergency Department Report • Office Visits
- Outpatient Progress Notes

Billing Statement

CD of Diagnostic Film (Please provide Date of Service):

**FEES MAY APPLY** for following requests:

Entire Chart

Other (Specify):

Patient/Personal Representative

Sign Here: \_\_\_\_\_ Date:   
(Print form and sign by hand)

If Personal Representative

Print name:

Description of Authority:

**Internal Use Only**

Date  
 Rec'd: \_\_\_\_\_  
 ID Verified by:  
 Print  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_



3600

## Important Information Regarding Obtaining Designated Record Set:

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In some areas, Providence hospitals and clinics store patient records separately. The hospital or clinic staff would be glad to fax a copy of this form to other facilities for you upon request.

Please forward this form to the Medical Record Department of the Providence Healthcare facility at which you were seen. If you were seen at multiple facilities or are unsure of the appropriate contact information, you may forward the request to:

Centralized Release of Information Department  
4400 NE Halsey Street, Building 1, Suite 286  
Portland, OR 97213  
Phone (855) 234-2491  
Fax: (855) 234-2493

Important: Providence Health and Services no longer prints or releases patient social security numbers unless required for billing. However, social security numbers may be included in patient records that are more than a few years old. The records you are requesting may include your social security number.