

Patient Request for Health Information

Patient Identifying Information

Full name	Maiden / Other name	Date of Birth
Address:		
Street:	City:	State: Zip:
Phone Number	Email Address	

Send my records via: Paper CD/DVD MyChart Email _____

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

Please send the Requested Health Information to:

Name: _____ **Phone Number:** _____

Address: _____ **Fax Number:** _____

_____ City _____ State _____ Zip _____

OR

Please send the Requested Health Information to : Myself

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

- Skagit Valley Hospital:** (ph) 360-814-8462 1415 E Kincaid Street, Mount Vernon, WA 98273
- Skagit Regional Clinics:** (ph) 360-428-2551 1400 E Kincaid Street, Mount Vernon, WA 98274
- Cascade Valley Hospital:** (ph) 360-435-0502 330 S. Stillaquamish Ave, Arlington, WA 98223
- Other:** _____

For the range of dates from: _____ to _____

- Pertinent Packet: (**History & Physical *Operative Report *Diagnostic Report *Discharge Summary *Ed Report/office visit Notes*)
- CD of Diagnostic Film (please provide date or exam if known): _____
- Entire Record
- Other (Specify): _____

Patient / Personal Representative:

Signature of requester

Date

Print Name

Description of Authority

Minor: If patient has reached his/her 13th birthday, only the patient may authorize the disclosure of information relating to mental health, alcoholism or drug abuse. If patient has reached his/her 14th birthday, only the patient may authorize the disclosure of information relating to sexually transmitted diseases (including HIV/AIDS). A patient of any age may authorize the disclosure of information relation to pregnancy, pregnancy termination, birth control or sterilization.

Internal Use Only
Date: _____
Received: _____
ID Verified By: _____

Patient Request for Health Information

Background Information Regarding This Form

This is a **Patient Access Request**. Under HIPAA, patients have a federal right to receive a copy of Protected Health Information in their designated record set.

A **Patient Access Request** is not the same as a Patient Authorization. The only elements that HIPAA requires in a **Patient Access Request** are that:

The request must be in writing, signed by the individual, and clearly identify the designated person or entity and where to send the PHI.

45 CFR 164.524(c) (3) (1i)

Per Guidance from HHS, a provider is not permitted to require use of an Authorization if a patient submits a **Patient Access Request**.

A HIPAA authorization is not required for individuals to request access to their PHI, including to direct a copy to a third party.

(<https://www.hhs.gov/haalfor-professionals/rag/2033/when-do-the-hipaa-privacy-rule-limitations-on-fees/index.html>)

Unlike a HIPAA Authorization, a provider must act on a **Patient Access Request** within 30 days, and any fees charged to patients must be within the strict limits set by HIPAA.

The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Skagit Regional Health does not discriminate on the basis of race, color, national origin, sex, age, or disability in their health programs and activities.

For information on the **Patient Access Request** form, please visit the HHS guidance at

<https://www.hhs.gov/hipaa/forprofessionals/privacy/guidance/access/>.

Fees may be associated with this request.

How are they stored	How are they released	What is the Fee
Electronic	Electronic	\$6.50 fee + tax
Electronic	Paper	\$0.90 labor cost + \$0.05/page Supplies + postage + sales tax
Hybrid (paper & EMR)	Electronic	\$6.50 (EMR) + \$0.07 per paper (page + tax + postage)
Hybrid (Paper & EMR)	Paper	\$0.07/page + \$.90 labor + \$0.05/page supplies + postage + sales tax
Paper	Electronic	\$0.07 per page + tax + postage
Paper	Paper	\$0.07/page labor + .05/page supplies + tax + postage