

Patient Request for Health Information

Please fill out all sections to avoid delay

1. Patient Information:

First Name	Middle Initial	Last Name	
Name at Time of Treatment (if different than above)			
Date of Birth (mm/dd/yyyy)	Phone	Email (optional)	
Street Address	City	State	Zip

2. Which Intermountain Health hospital/clinic/doctor do you want your records from?

Intermountain Health Hospital, Clinic, or Doctor Name: _____

3. What records do you want?

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Clinic Visit | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Substance Use Treatment |
| <input type="checkbox"/> Emergency Report | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Imaging Report | <input type="checkbox"/> Billing Record |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Consultation | <input type="checkbox"/> Cardiac Study/EKG | <input type="checkbox"/> Other _____ |

4. How do you want your records delivered?

Paper – Mail Delivery Paper – In-Person Pickup

Electronic (email, USB, CD, portal, other), specify: _____

5. Where do you want your records sent? (fill in boxes below)

Intermountain Health should provide my records to: Self Personal Representative (indicated below) Other Designated Third Party

Recipient Name	Recipient Phone: Recipient Fax:
Recipient Mailing Address	Recipient Email (if applicable)

6. Please print your name and sign below:

Patient/Personal Representative Name (please print)	Relationship to Patient
Patient/Personal Representative Signature	Date/Time

7. Please return the completed form to:

CO, NV, MT, WY	<ul style="list-style-type: none">• Email: peaks_croi@imail.org• Fax: 303-467-8966	<ul style="list-style-type: none">• Mail: Centralized Release of Information 500 Eldorado Blvd, Building 4, Broomfield, CO 80021
UT, ID	<ul style="list-style-type: none">• Email: MedRecReq@r1rcm.com• Fax: 385-215-7047	<ul style="list-style-type: none">• Mail: Medical Records PO Box 571069, Murray, UT 84157

Intermountain Health recognizes a patient's right under HIPAA to access copies of their health information.
There may be charges associated with processing a request and producing requested records.



Enterprise

Patient Label