

# Barnes-Jewish Hospital



Mail Stop: 90-59-341  
One Barnes-Jewish Hospital Plaza • St. Louis, MO 63110

**Phone: 314-362-3935 FAX: 314-747-7211**

## **REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS**

Individual (Patient) Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Social Security # (or last 4 digits) \_\_\_\_\_

Patient Address: \_\_\_\_\_

Telephone Number: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_

### ***I request only the following information to be released:***

☐ Abstract (includes all \* documents)

☐ Emergency Report\*

☐ Discharge Summary\*

☐ History & Physical\*

☐ Progress Notes\*

☐ Consults\*

☐ Operative Report\*

☐ Pathology Report\*

☐ Laboratory\* (specify) \_\_\_\_\_

☐ Itemized Billing Statement

☐ Good Faith Estimate

☐ Other (specify) \_\_\_\_\_

☐ X-Ray Report\*

☐ Mammogram Report\*

☐ Cardiac Cath Lab Reports\*

☐ EKG

☐ Medication Report

☐ Advanced Directive

☐ Expiration Documents

### **Films**

☐ X-Ray Films

☐ Cardiac Cath Lab Cine Film

☐ Mammogram Film

Date(s) of Treatment: \_\_\_\_\_

Would you like your records to be mailed to the above address: ☐ Yes ☐ No

To another address as indicated below: ☐ Yes ☐ No

Would you like records sent electronically (if possible) to yourself or a designated individual? ☐ Yes ☐ No

To whom? \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual or Personal Representative

\_\_\_\_\_  
Date

### **Processing Your Requested Information:**

You may be charged a fee for the copying of requested health information. This fee will be based on the cost of the labor and supplies involved in copying the requested health information and the postage for mailing the copies to you. If you do not want the requested records mailed, you may contact our office after 30 days to pick-up your records. Response to your request for health information will be within 30 days of receipt of your request. If we require additional time to respond to your request, we will contact you to inform you of this extension of time.

We appreciate your patience while we process your request.