PeaceHealth

**REQUEST FOR COPY OF
PROTECTED HEALTH INFORMATION**

HIM Internal

Patient Information (please print):

LAST NAME Blumberg	FIRST Kai	MIDDLE Lewis

STREET ADDRESS 88472 5th Ave	DAYTIME PHONE +4915736449173
CITY, STATE, ZIP Florence OR, 97439	EVENING PHONE +4915736449173

DATE OF BIRTH January 25, 1992	MEDICAL RECORD NUMBER

I request that PeaceHealth provide me with a copy of my health information as follows:

Which dates of service?	❑ Specific: (from) _____ (to)_____ ❑ One-year history ❑ Other: My entire record
Which PeaceHealth facility?	❑ Specific facility: _____ ✔All facilities
What information are you requesting?	✔ "Pert-Pack" (transcribed provider documentation, medication list and diagnostic information; Lab, X-ray, EKG) ❑ Other (specify): _____ _____ _____
What format?	❑ Paper ❑ Electronically via e-mail (see below) ❑ Electronically on CD ❑ Other: _____

How do you want it delivered?	❑ Send the requested information to me by:
	   ❑ US Mail at the above address: _____
	   ❑ US Mail at the following address: _____
	   ❑ Encrypted or ✔ Unencrypted (check one) e-mail to this
	     address: kai.tis.me@gmail.com
	 ❑ Send the requested information to the following person: _____ by:
	   ❑ US Mail at the following address: _____
	   ❑ Encrypted or ❑ Unencrypted (check one) e-mail to this
	     address: _____
	 ❑ Other:_____

Acknowledgements	1. I understand that PeaceHealth may impose a reasonable, cost-based fee that covers the cost of copying, including supplies, labor, and postage. The first 50 pages of information are provided free of charge. 2. If I chose to have my health information sent by unencrypted e-mail, I understand the inherent security risks associated with transmission of e-mail over the Internet.

Kai Blumberg   August 8 20

Signature of Patient or Parent/Guardian/Personal Representative   Date

Relationship to patient: Patient

Please submit completed form to the Health Information Management or Medical Records Department

(Staff only: Were records provided? ❑ Yes ❑ No   Initial _____   Date _____)

       SYS1001T (02/20/14)

REQUEST FOR COPY OF
PROTECTED HEALTH INFORMATION

You have a right under federal law to request a copy of your health information

How to request a copy of your health information:

• Complete the attached Request for Copy of Protected Health Information form and mail or fax it to the Health Information Management, Release of Information department (see below). If you are completing this request at a PeaceHealth facility, you may ask a staff person to forward this request via fax.

• Please be sure to include a complete address and a phone number where we can reach you, in case we have any questions about your request.

• If a parent, guardian, or personal representative is signing this form, please include your relationship to the patient on the line provided, and provide documentation of your authority as required. Please call the Health Information Management, Release of Information department if you have questions.

What to expect:

You have the right to inspect and obtain copies of health information that we may use to make decisions about your care.

• Your request will be processed within 15 business days once it is received by the Health Information Management, Release of Information department in Vancouver, WA.

• If we are unable to process your request within 15 business days we will contact you to let you know the reason for the delay and the anticipated processing date.

• We may deny your request in certain limited circumstances.

Contact information:

PeaceHealth
Health Information Management Department
Release of Information Services
1115 SE 164th Avenue, Dept. 336
Vancouver, WA 98683

Customer Service: (360) 729-1300
            Fax: (360) 527-9383

Encrypted vs. Unencrypted E-mail:

You may choose to receive your health information by either unencrypted or encrypted e-mail.
• Unencrypted e-mail transmitted via the Internet is at risk of being intercepted by unauthorized individuals.
• PeaceHealth uses an e-mail encryption system to protect confidential e-mail messages. If you choose to receive your health information via encrypted e-mail, you will receive a notification e-mail containing a link to access the full message on our Secure E-mail Server. You will need to create a user account to receive your information.

SYS1001T (02/20/14)