



PeaceHealth

STAT

**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		
CITY, STATE, ZIP			Florence OR, 97439		
DATE OF BIRTH			January 25, 1992		
MEDICAL RECORD NUMBER					
DAYTIME PHONE			+4915736449173		
EVENING PHONE			+4915736449173		

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

Which dates of service?	<input type="checkbox"/> Specific: (from) _____ (to) _____ <input type="checkbox"/> One-year history <input type="checkbox"/> Other: <u>My entire record</u>
Which PeaceHealth facility?	<input type="checkbox"/> Specific facility: _____ <input checked="" type="checkbox"/> All facilities
What information are you requesting?	<input checked="" type="checkbox"/> "Pert-Pack" (transcribed provider documentation, medication list and diagnostic information; Lab, X-ray, EKG) <input type="checkbox"/> Other (specify): _____
What format?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronically via e-mail (see below) <input type="checkbox"/> Electronically on CD <input type="checkbox"/> Other: _____
How do you want it delivered?	<input type="checkbox"/> Send the requested information to me by: <input type="checkbox"/> US Mail at the above address: _____ <input type="checkbox"/> US Mail at the following address: _____ <input checked="" type="checkbox"/> Encrypted or <input checked="" type="checkbox"/> Unencrypted (check one) e-mail to this address: <u>kai.tis.me@gmail.com</u> <input type="checkbox"/> Send the requested information to the following person: _____ by: <input type="checkbox"/> US Mail at the following address: _____ <input type="checkbox"/> Encrypted or <input type="checkbox"/> Unencrypted (check one) e-mail to this address: _____ <input type="checkbox"/> 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 2018

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 _____)

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.