

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

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| <input type="checkbox"/> Memorial Hospital Belleville
4500 Memorial Drive
Belleville, IL 62226 | <input type="checkbox"/> Memorial Hospital East
1404 Cross Street
Shiloh, IL 62269 | <input type="checkbox"/> Memorial Care Center
4315 Memorial Drive
Belleville, IL 62226 |
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Individual (Patient) Name: _____

Date of Birth: _____ Social Security Number: _____

Patient Address: _____

Telephone Number (Home): (_____) _____ (Work): (_____) _____

I request only the following information to be released:

- | | |
|--|--|
| <input type="checkbox"/> Designated Record Set
<input type="checkbox"/> Emergency Report
<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> History & Physical
<input type="checkbox"/> Operative Report
<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Laboratory (specify) _____
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Itemized Billing Statement | <input type="checkbox"/> X-Ray Reports
<input type="checkbox"/> X-Ray Films
<input type="checkbox"/> Mammograms
<input type="checkbox"/> Cardiac Cath Lab Cine Film
<input type="checkbox"/> Cardiac Cath Lab Reports
<input type="checkbox"/> EKG
<input type="checkbox"/> Pharmacy Records |
|--|--|

Date(s) of Treatment: _____

Would you like your records to be mailed: Yes No

To the above address: Yes No

To another address (please indicate): _____

Signature of Individual or Personal Representative

Date

Processing Your Requested Information:

Memorial may charge 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 records mailed, you may contact our office after 30 days to pick-up your records. Memorial will respond to your request for health information within 30 days of our 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.

Memorial Use Only:

Request Date: _____

Date Access Granted: _____

Date Access Denied: _____

(Must Complete Denial of Access Form)