



HIM Internal

## REQUEST FOR COPY OF PROTECTED HEALTH INFORMATION

Patient Information (please print):

LAST NAME	FIRST	MIDDLE
STREET ADDRESS		DAYTIME PHONE
CITY, STATE, ZIP		EVENING PHONE
DATE OF BIRTH		MEDICAL RECORD NUMBER

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

<b>Which dates of service?</b>	<input type="checkbox"/> Specific: (from) _____ (to) _____ <input type="checkbox"/> One-year history <input type="checkbox"/> Other: _____
<b>Which PeaceHealth facility?</b>	<input type="checkbox"/> Specific facility: _____ <input type="checkbox"/> All facilities
<b>What information are you requesting?</b>	<input type="checkbox"/> "Pert-Pack" (transcribed provider documentation, medication list and diagnostic information; Lab, X-ray, EKG) <input type="checkbox"/> Other (specify): _____ _____ _____
<b>What format?</b>	<input type="checkbox"/> Paper <input type="checkbox"/> Electronically on CD <input type="checkbox"/> Electronically via e-mail (see page 2) <input type="checkbox"/> Other: _____



<p><b>How do you want it delivered?</b></p>	<p><input type="checkbox"/> Send the requested information to me by:</p> <p><input type="checkbox"/> US Mail at the above address (page 1): _____</p> <p><input type="checkbox"/> US Mail at the following address: _____</p> <p><input type="checkbox"/> Encrypted    <input type="checkbox"/> Unencrypted (check one) e-mail to the following address: _____</p> <p><input type="checkbox"/> Send the requested information to the following person: _____ by:</p> <p><input type="checkbox"/> US Mail at the following address: _____</p> <p><input type="checkbox"/> Encrypted    <input type="checkbox"/> Unencrypted (check one) e-mail to the following address: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>Acknowledgements</b></p>	<p>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.</p> <p>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.</p>

\_\_\_\_\_  
 Signature of Patient or Parent/Guardian/Personal Representative  
 Date: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

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

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## **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.

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## **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.