

## How can I get copies of my medical records?

You have three options:

### 1. Use My PeaceHealth

- Some records are available, free of charge, at [www.MyPeaceHealth.org](http://www.MyPeaceHealth.org) including medications, test results, procedures, etc.
- If you do not yet have a My PeaceHealth account, you will need an activation code. To receive an activation code, contact your provider's office or visit [www.MyPeaceHealth.org](http://www.MyPeaceHealth.org) and click "Sign Up Now."

### 2. Submit the *Request for Copy of Protected Health Information* form

- If the records you need are not available on My PeaceHealth, you can request to receive or have copies of your medical records routed to a provider or a facility for a fee. See the following pages for more details and the request form.

### 3. Provider request

- If a non-PeaceHealth provider needs copies of records for your care, the provider's office can request records, free of charge, by calling 1-844-962-2090.

### Questions? We're here to help.

- Call 1-844-962-2090. Our Customer Service team is available daily from 7 a.m. – 5:30 p.m. (PT).
- Email: [ReleaseOfInfo@peacehealth.org](mailto:ReleaseOfInfo@peacehealth.org)
- Visit [www.peacehealth.org/medical-records](http://www.peacehealth.org/medical-records).

Thank you for choosing PeaceHealth. We are truly honored to be your trusted healthcare provider.

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PeaceHealth

Packet for

**Request for Copy of Protected Health Information**

1 of 4

(This page goes to patient-Do not scan into record)

Patient Identification:



**MRO is the company that handles release of medical records for PeaceHealth. As their partner for Release of Information (ROI), it is our pleasure to serve you!**

**Please fill out an ROI authorization form completely and be sure to sign and date it.** The processing time for copies of records is 5-7 business days after receipt of payment, depending on the type of records and the dates of service requested. Federal law permits PeaceHealth to assess patients a reasonable, cost-based fee for copies of their records (see 45 CFR § 164.524(c)(4)).

**For copies of your records, you may be assessed a fee based on the following fee schedule:**

<b>If the record is currently...</b>	<b>and you receive it...</b>	<b>the fee is...</b>
Electronic	Electronic	\$6.50 fee + tax
Paper and Electronic	Electronic	\$6.50 fee + tax
Paper and Electronic	Paper	\$0.10 per page + postage + tax
Paper	Electronic	\$0.08 per page + postage + sales tax

**Once the records are ready, you will be notified via mail. Please review the invoice for payment information. Payment may be made by check, credit card or money order. Your requested records will then be mailed to you.**

**Please note, records from another facility contained within the requested records may be released.**

**Please call 1-844-962-2090 to check the status of your request, make a payment or ask any questions.**

Again, some records are available, free of charge, at [www.MyPeaceHealth.org](http://www.MyPeaceHealth.org).

(This page goes to patient-Do not scan into record)

Patient Identification:

PeaceHealth  
Packet for  
**Request for Copy of Protected Health Information**  
2 of 4

## 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:

1. Complete the *Request for Copy of Protected Health Information* form.

To prevent possible delays in processing your request, please carefully complete the form including:

- Your complete address and phone number in case we need to contact you about your request.
- The date by which you need the records in the section “Date records needed”. For urgent requests, please call 1-844-962-2090.
- If you are a parent, guardian or personal representative, please include your relationship to the patient in the section “Relationship to Patient” and provide the required documentation.

2. Return the request form using one of these methods:

- **Email:** [ReleaseofInfo@peacehealth.org](mailto:ReleaseofInfo@peacehealth.org)
- **Fax:** 360-527-9383 (*If you are completing this request at a PeaceHealth facility, you may ask a caregiver to fax the form on your behalf.*)
- **Mail:** PeaceHealth, HIM Department, ROI Services  
1115 SE 164<sup>th</sup> Avenue, Dept.336  
Vancouver, WA 98683

### What to expect after you have submitted a request form:

- 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.

### Receiving your records:

- You may choose to receive your health information by paper, electronically on a CD or via unencrypted or encrypted e-mail.
- 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. Directions will be provided in the email for you to create a user account to receive your information.
- Please note, unencrypted e-mail transmitted via the internet has a risk of being intercepted by unauthorized individuals.
- After 15 business days, if you have not received your records or been contacted, please check your email spam/junk folder.

Patient Identification:

(This page goes to patient Do not scan into record)

PeaceHealth  
Packet for  
**Request for Copy of Protected Health Information**  
3 of 4

## Request for Copy of Protected Health Information

**Patient Information for Requested Records** *(to prevent delays, please print clearly and sign):*

<b>Name: Last</b> <small>required</small>			<b>First</b> <small>required</small>			<b>MI</b>		
<b>Street Address</b> <small>required</small>								
<b>City, State, Zip</b> <small>required</small>						<b>Daytime Phone</b>		
<b>Date of birth:</b> <small>required</small>						<b>Evening Phone</b>		
<b>Date records needed:</b> <span style="float: right;"><i>Note: Most requests are sent within 15 business days.</i></span>								
<b>What facility records needed?</b> <small>(check all that apply)</small>	<b>Location</b>	<b>Hospitals</b>	<b>PHMG</b>	<b>Location</b>	<b>Hospitals</b>	<b>PHMG</b>		
	Springfield	<input type="checkbox"/> Riverbend Hospital	<input type="checkbox"/> Clinic	Longview	<input type="checkbox"/> St John	<input type="checkbox"/> Clinic		
	Eugene	<input type="checkbox"/> University District	<input type="checkbox"/> Clinic	Bellingham	<input type="checkbox"/> St Joseph	<input type="checkbox"/> Clinic		
	Cottage Grove	<input type="checkbox"/> Cottage Grove Hosp	<input type="checkbox"/> Clinic	Friday Harbor	<input type="checkbox"/>	<input type="checkbox"/> Clinic		
	Florence	<input type="checkbox"/> Peace Harbor Hosp	<input type="checkbox"/> Clinic	Sedro-Woolley	<input type="checkbox"/> United	<input type="checkbox"/> Clinic		
	Vancouver	<input type="checkbox"/> Southwest Hospital	<input type="checkbox"/> Clinic	Ketchikan	<input type="checkbox"/> Ketchikan	<input type="checkbox"/> Clinic		
<b>Other (Specify locations):</b> _____								
<b>Send records to (Select one)</b>	<b>Send to the address listed above:</b> <input type="checkbox"/> Paper <input type="checkbox"/> Electronically on CD							
	<b>Send to this email:</b> _____ <input type="checkbox"/> Encrypted (requires password authentication) <input type="checkbox"/> Unencrypted (unsecure)							
	<b>Recipient Address (unless same as above):</b> <input type="checkbox"/> Paper <input type="checkbox"/> Electronically on CD  (Facility) Name: _____ Street Address: _____							
	<b>Send to this Fax number:</b> _____ <input type="checkbox"/> <b>Send records to My PeaceHealth account</b>							
	<input type="checkbox"/> <b>Other delivery method (describe):</b> _____							
<b>Service dates needed (Select one)</b>	<input type="checkbox"/> <b>S p e c i f i c :</b> ( f r o m ) _____ ( t o ) <small>required</small> _____							
	<input type="checkbox"/> One-year history <input type="checkbox"/> Other: _____							
<b>Information needed</b>	<input type="checkbox"/> "Pert-Pack" (most requested) Includes: provider documentation, medication list and diagnostic information; Lab, X-ray, EKG							
	<input type="checkbox"/> Imaging Films <input type="checkbox"/> Billing Records <input type="checkbox"/> Other (specify): _____							

### Acknowledgements

1. I understand that I may be charged a reasonable, cost-based fee that covers the cost of copying, including supplies, labor, and postage.
2. If I choose 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.
3. I understand I must provide legal documentation if I am the guardian or Medical Power of Attorney.

**Requester:** \_\_\_\_\_ (print your name here) **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Patient:**  Patient (self)  Parent/\*legal guardian  \*DPOA  Other: \_\_\_\_\_

-----\* Please attach proof of guardianship/DPOA (medical power of attorney) with this request. **How to return this completed form options:** -----

Fax: 360-527-9383 Email: [releaseofinfo@peacehealth.org](mailto:releaseofinfo@peacehealth.org)

**Mail:** PeaceHealth, HIM ROI  
1115 SE 164<sup>th</sup> Ave, Dept 336  
Vancouver, WA 98683

**Questions?** Call 1-844-962-2090

-----**Staff use only:** MRUN \_\_\_\_\_ Records provided?  Yes  No Initial \_\_\_\_\_

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Release of Information Authorizator

Patient Identification:

SYS1001-PKT (01/13/20)

PeaceHealth  
Packet for  
**Request for Copy of Protected Health Information**  
4 of 4