

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 lie 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 my 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 154th Avenue, Dept. 336

Vancouver, WA 98083

Customer Service: (360) 729-1300

Fax: (360) 527-9383

SYS1001-V (12/01/16)

PeaceHealth

**Request for Copy of Protected Health Information -
VIF**

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Patient Identification

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

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.

Patient Information (please print):

Last Name	First	Middle
Street Address		Daytime Phone
City, State, Zip		Evening Phone
Date of birth:		

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

Which PeaceHealth facility	<input type="checkbox"/> Specific facility: _____ <input type="checkbox"/> All facilities
Which dates of service?	<input type="checkbox"/> Specific: (from) _____ (to) _____ <input type="checkbox"/> One-year history <input type="checkbox"/> Other: _____
What information are you requesting?	<input type="checkbox"/> "Pert-Pack": (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): _____
What format?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronically via e-mail (see below) <input type="checkbox"/> Electronically on CD <input type="checkbox"/> My PeaceHealth <input type="checkbox"/> Other: _____
How do you want it delivered?	Send the requested information to: <input type="checkbox"/> Self: _____ <input type="checkbox"/> Other individual: _____ <input type="checkbox"/> Email to this address: _____ <input type="checkbox"/> Encrypted <input type="checkbox"/> Unencrypted (check one) <input type="checkbox"/> Fax <input type="checkbox"/> Other: _____

Patient Identification

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 PeaceHealth
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Release of Information Authorization

Acknowledgements	<ol style="list-style-type: none">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 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.
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Signature of patient or person authorized to sign for patient

Relationship Date Time

Submit completed form to the Health Information Management or Health Records Department.

Staff only:

MRUN _____ Were records provided? Yes No Initial _____ Date _____

