

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 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 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 360-729-1300.

Questions? We're here to help.

- Call 360-729-1300. Our Customer Service team is available daily from 7 a.m. – 5:30 p.m. (PT).
- Email ReleaseofInfo@peacehealth.org.
- Visit www.peacehealth.org/medical-records.

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

Medical record request information

PeaceHealth partners with CIOX Health, the nation's largest provider of release of medical information services, to process and fulfill your request for a copy of your medical record. Most requests have costs associated with them which are regulated by state and federal laws.

Here is an overview of the fees:

If the record is currently...	and you receive it...	the fee is...
Electronic	Electronic	\$6.50 fee + tax
Electronic	Paper	\$0.90 labor costs + \$0.05 per page + postage + tax
Paper and Electronic	Electronic	\$6.50 (Electronic) + \$0.07 per (paper) page + postage + tax
Paper and Electronic	Paper	\$0.07 per page + \$0.90 labor + \$0.05 per page + postage + tax
Paper	Electronic	\$0.07 per page + postage + tax
Paper	Paper	\$0.07 labor costs per page + \$0.05 per page + postage + tax

Payment process

After your request is processed, you will receive an invoice in the mail from CIOX Health for any fees. Note: You may receive a bill before your records arrive. The following forms of payment are accepted:

- Check (payable to CIOX Health).
- Credit card (Visa, MasterCard, Discover, American Express).
- Online at www.healthportpay.com.

Again, some records are available, free of charge, at www.MyPeaceHealth.org.

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

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 360-729-1300.
- 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
- **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 164th 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.

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

Request for Copy of Protected Health Information

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

Name: Last <small>required</small>			First <small>required</small>			MI		
Street Address <small>required</small>								
City, State, Zip <small>required</small>					Daytime Phone			
Date of birth: <small>required</small>					Evening Phone			
Date records needed: <i>Note: Most requests are sent within 15 business days.</i>								
What facility records needed? (check all that apply)	Location	Hospitals	PHMG	Location	Hospitals	PHMG		
	Springfield	<input type="checkbox"/> Riverbend Hospital	<input type="checkbox"/> Clinic	Longview	<input type="checkbox"/> St John Hospital	<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"/> Peace Island Hosp	<input type="checkbox"/> Clinic		
	Florence	<input type="checkbox"/> Peace Harbor Hosp	<input type="checkbox"/> Clinic	Sedro-Woolley	<input type="checkbox"/> United General	<input type="checkbox"/> Clinic		
	Vancouver	<input type="checkbox"/> Southwest Hospital	<input type="checkbox"/> Clinic	Ketchikan	<input type="checkbox"/> Ketchikan Hosp	<input type="checkbox"/> Clinic		
	Other (Specify locations): _____							
Send records to (Select one)	Send to the address listed above: <input type="checkbox"/> Paper <input type="checkbox"/> Electronically on CD							
	Send to this email: _____ <input type="checkbox"/> Encrypted (requires password authentication) <input type="checkbox"/> Unencrypted (unsecure)							
	Recipient Address (unless same as above): <input type="checkbox"/> Paper <input type="checkbox"/> Electronically on CD (Facility) Name: _____ Street Address: _____ City/State/Zip: _____							
	Send to this Fax number: _____ <input type="checkbox"/> Send records to My PeaceHealth account							
	<input type="checkbox"/> Other delivery method (describe): _____							
Service dates needed (Select one)	<input type="checkbox"/> Specific: (from) _____ <small>required</small> (to) _____ <small>required</small>							
	<input type="checkbox"/> One-year history <input type="checkbox"/> Other: _____							
Information needed	<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

- I understand that I may be charged a reasonable, cost-based fee that covers the cost of copying, including supplies, labor, and postage.
- 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.
- 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

Mail: PeaceHealth, HIM ROI
1115 SE 164th Ave, Dept 336
Vancouver, WA 98683

Questions? Call 360-729-1300

Staff use only: MRUN _____ Records provided? Yes No Initial _____ Date _____



Release of Information Authorization

Patient Identification: _____

SYS1001-PKT (08/30/19)

PeaceHealth
Packet for

Request for Copy of Protected Health Information