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 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](mailto:ReleaseofInfo@peacehealth.org).

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:

<table>
<thead>
<tr>
<th>If the record is currently...</th>
<th>and you receive it...</th>
<th>the fee is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic</td>
<td>Electronic</td>
<td>$6.50 fee + tax</td>
</tr>
<tr>
<td>Electronic</td>
<td>Paper</td>
<td>$0.90 labor costs + $0.05 per page + postage + tax</td>
</tr>
<tr>
<td>Paper and Electronic</td>
<td>Electronic</td>
<td>$6.50 (Electronic) + $0.07 per (paper) page + postage + tax</td>
</tr>
<tr>
<td>Paper and Electronic</td>
<td>Paper</td>
<td>$0.07 per page + $0.90 labor + $0.05 per page + postage + tax</td>
</tr>
<tr>
<td>Paper</td>
<td>Electronic</td>
<td>$0.07 per page + postage + tax</td>
</tr>
<tr>
<td>Paper</td>
<td>Paper</td>
<td>$0.07 labor costs per page + $0.05 per page + postage + tax</td>
</tr>
</tbody>
</table>

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](http://www.healthportpay.com).

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.
# Request for Copy of Protected Health Information

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

**Name:** Last ________ **First** ________ **MI** ________

**Street Address**

**City, State, Zip**

**Date of birth:**

**Daytime Phone**

**EVENING PHONE**

**Send records to** (Select one):

- [ ] Paper
- [ ] Electronically on CD

**Send to the address listed above:**

[ ] Paper  [ ] Electronically on CD

**Send to this email:**

[ ] Encrypted (requires password authentication)  [ ] Unencrypted (unsecure)

**Recipient Address (unless same as above):**

(Facility) Name: ____________________________

Street Address: ____________________________

City/State/Zip: ____________________________

**Send to this Fax number:**

- [ ] Send records to My PeaceHealth account
- [ ] Other delivery method (describe): ____________________________

**Dates of service needed** (Select one):

- [ ] Specific: (from) ________ (to) ________
- [ ] One-year history
- [ ] Other: ____________________________

**Information needed**

From the following PeaceHealth Facility/Provider:

- [ ] “Pert-Pack” (most requested) Includes: provider documentation, medication list and diagnostic information; Lab, X-ray, EKG
- [ ] Imaging Films
- [ ] Billing Records
- [ ] 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:** ____________________________ **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*

**Complete all required fields and return to:**

**Mail:** PeaceHealth, HIM, ROI

1115 SE 164th Ave, Dept 336

Vancouver, WA 98683

**Fax:** 360-527-9383  **Email:** releaseofinfo@peacehealth.org

**Questions:** 360-729-1300

**Staff only:** MRUN ______________ Records provided?  [ ] Yes  [ ] No  **Initial _____ Date _____**

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Patient Identification

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Release of Information Authorization