

# Patient Request for Health Information

Please fill out all sections to avoid delay

## 1. Patient Information:

First Name	Middle Initial	Last Name	
Name at Time of Treatment (if different than above)			
Date of Birth (mm/dd/yyyy)	Phone	Email (optional)	
Street Address	City	State	Zip

## 2. Which SCL Health hospital/clinic/doctor do you want your records from? (check appropriate boxes below)

- Lutheran Medical Center     Good Samaritan Medical Center     St. Mary's Medical Center     St. James Healthcare  
 St. Joseph Hospital     Platte Valley Medical Center     St. Vincent Healthcare     Holy Rosary Healthcare  
 Clinic/Doctor, specify: \_\_\_\_\_

## 3. What records do you want?

- Date(s) of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Billing Record     Clinic Visit     Emergency Report     Operative/Procedure Report     Discharge Summary  
 Test Results (X-Rays, Lab/Pathology Results), specify: \_\_\_\_\_  
 Other (Immunization Records, Medication Lists), specify: \_\_\_\_\_

## 4. How do you want your records delivered?

- Paper – Mail Delivery     Paper – In-Person Pickup  
 Electronic (email, USB, CD, portal, other), specify: \_\_\_\_\_

## 5. Where do you want your records sent? (fill in boxes below)

SCL Health should provide my records to:     Self     Personal Representative (indicated below)     Other Designated Third Party

Recipient Name	Recipient Phone
	Recipient Fax
Recipient Mailing Address	Recipient Email (if applicable)

## 6. Please print your name and sign below:

Patient/Personal Representative Name (please print)	Relationship to Patient
Patient/Personal Representative Signature	Date/Time

## 7. Please return completed form to:

Centralized Release of Information SCL Health 15755 E 32nd Avenue, Suite 1A Aurora, CO 80011	Email: peaks_croi@imail.org Phone: 303-467-4046    Fax: 303-467-8966 Questions?
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*SCL Health recognizes a patient's right under HIPAA to access copies of their health information.  
There may be charges associated with processing a request and producing requested records.*



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A-MR-4000-1122

PATIENT INFORMATION

Place label here.  
Scanning does NOT work if label is  
outside this guide.