



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

Please check (✓) the appropriate box(es) (☐) and fill in the blank(s) as needed.

Individual Patient Name (Last, First): _____

Patient's Date of Birth: _____ SSN: _____

Telephone Number: (Home) () _____

Please Check Specific Information Requested		
<input type="checkbox"/> All Records	<input type="checkbox"/> Images/Videos/Recordings	<input type="checkbox"/> Pathology Reports
<input type="checkbox"/> Abstract of record (Office Notes, Procedures, & Test Results Only)	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Other Procedure Report
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Medication Records	<input type="checkbox"/> Radiology (X-ray) reports
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Nurses Notes	<input type="checkbox"/> Itemized Billing Statement
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Progress Notes	

Requests for WU Radiology Films should be sent to the Radiology Film Library (Phone: 314-362-2850)

Date(s) of Treatment: Specific Dates: _____ thru _____ All dates

In what format would you like to receive your records: Paper Copy Electronic Copy

Release or Mail To:

Individual/Legal Guardian/Personal Representative _____

Street Address _____

City, State and Zip Code _____

Phone Number of Individual Receiving Records if not Patient: _____

Email Address _____

Email is not a secure means of communication. We will encrypt email communications of your records unless you tell us you prefer us to use unencrypted email. If you prefer we not encrypt our communications to you, please initial here: _____

Processing Your Requested Information:

WUCA – Woods Mill Pediatrics will respond to your request for health information within 30 days of our receipt of your request. If, however, your health information is not readily accessible by WUCA – Woods Mill Pediatrics or is maintained in an off-site storage location, WUCA – Woods Mill Pediatrics has an additional 30 days to respond to your request. If we require additional time to respond to your request, we will contact you to inform you of this extension of time.

We appreciate your patience while we process your request.

Signature of Patient/Legal Guardian/Personal Representative

Date: _____