

Patient Request for Health Information

Patient Information

First Name:		Middle Initial:	Last Name:	
Date of Birth (MM/DD/YYYY):	Contact Phone:		Contact Email:	
Street Address:		City:	State:	Zip:

Check any information that you would like:

- | | |
|--|---|
| <input type="checkbox"/> Abstract Summary | <input type="checkbox"/> History / Physical Report |
| <input type="checkbox"/> Admission Sheet | <input type="checkbox"/> Immunization Report |
| <input type="checkbox"/> Itemized Billing Statements | <input type="checkbox"/> Laboratory Report |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Operative / Procedure Report |
| <input type="checkbox"/> Continuity Care Document | <input type="checkbox"/> Physician Orders Report |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Nurse Notes |
| <input type="checkbox"/> Cardiology W/EKG Report | <input type="checkbox"/> Pathology Report |
| <input type="checkbox"/> Emergency Room Report | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Other (specify below) | <input type="checkbox"/> Radiology Report |
| _____ | <input type="checkbox"/> Therapy Notes |
| _____ | |
| _____ | |

(Optional): What's the primary reason for your request?

Please specify the dates of service: _____ through _____

How would you like your records delivered?

- Mail
- eDelivery: _____

Format

- Electronic
- Paper


HIV Test Results

Mental Health Records

If you would like records sent to someone other than the patient, please provide contact information:

(Optional): Please provide any additional information that may help us fulfill your request.

Please print your name and sign below	
Name	Relationship (if other than the patient)
Signature	Date

	Ciox Health 925 North Point Pkwy Alpharetta, GA 30005 (800) 367-1500
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There may be charges associated with producing requested records. [Our fees are as follows...{Organization to insert}]. Feel free to contact us for a written estimate. More information is also at <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>