

Patient Request for Health Information

Today's Date: \_\_\_\_\_

Patient Information:

First Name MI Last Name

Address City State Zip

Date of Birth Phone Number Previous Name

I request Advocate Aurora Health, Inc. ("AAH") to provide my health information to:

Myself or Name of Health Care Provider / Insurance / Attorney / Other

Delivery Method Requested:

LiveWell/MyAdvocateAurora Portal

Mail To: Address City State Zip

Email address: \_\_\_\_\_

Fees: (we will contact you to inform you of the fee that will be assessed)

- via AAH Patient Portal: No Fee
via US Mail to patient for paper copies: Per page fee and postage
via Email or Compact Disc sent directly to patient: Nominal Fee
If to a third party in any format: regulatory rates will apply

Format Requested:

In-Person Pickup Encrypted CD Paper Other

Encrypted email Non-Encrypted email Non-Encrypted CD
(I was informed and understand the risks of receiving records via unsecured email or CD and that personal health information could be accessed by a third party while in transit. I still want the records in this manner.)

The records that I want include (check boxes below or specify) Dates of Service: \_\_\_\_\_

- Billing Records related to (specify): Estimate:
Emergency Department Reports Immunizations
Hospital Summary - a general abstract will be sent which includes Discharge Summary, H&P, Consults, Operative Reports, Labs, Radiology Reports & ER. Lab Reports
Imaging Films (X-ray) Procedure Op Reports
Imaging Results Progress Notes/Updates
Other:

SIGNATURE OF PATIENT/LEGAL REPRESENTATIVE DATE

If signed by a person other than the patient, state your relationship to the patient: \_\_\_\_\_

AAH will accept any written request from a patient for access to or copies of their own medical record. This form is not required. However, it provides all the needed information to correctly process your request.

For Office Use Only:

Health Information Management (HIM) Department Verification (Staff initial box when verification has been confirmed):

Demographic information (Name, DOB, Address, Phone Number, email address, last 4 digits of SS#)

