Samaritan Health Services

# PATIENT RECORD REQUEST FORM

| PATIENT INFORMATION: | | |
|---|---|---|
| Patient's name: | | DOB: |
| Address: | | |
| City: | State: | Zip: |
| Email address: | | Primary phone #: |

| WHO DO YOU WANT TO RECEIVE YOUR INFORMATION? | | |
|---|---|---|
| Please share my records with: ☐ Myself at the contact information above ☐ The person or entity listed below | | |
| Recipient name: | Recipient address: | |
| Recipient city: | Recipient state: | Recipient zip: |
| Recipient email address: | | |

| WHAT INFORMATION DO YOU WANT SHARED? | | |
|---|---|---|
| ☐ Billing records<br>☐ Clinic notes<br>☐ Consult notes<br>☐ Discharge summaries<br>☐ Emergency department records<br>☐ History and physical reports | ☐ Immunization records<br>☐ Imaging reports<br>☐ Images (CD Only)<br>☐ Lab reports<br>☐ Operative reports<br>☐ Pathology reports | ☐ Other (please describe): |
| If you DO NOT want certain information shared, please describe here: | | |
| Date range of information: ☐ From: to: | | |

| HOW DO YOU WANT THE INFORMATION SHARED? |
|---|
| Please send my information via: ☐ Mail (paper) ☐ Email ☐ CD ☐ Fax ☐ MyChart* ☐ Other (please specify): |

| SIGNATURE: | | |
|---|---|---|
| *The patient's signature is required. If the patient is a minor or is incapable of signing the authorization, a personal representative may be able to sign on the member's behalf. Legal documentation showing the authority of the personal representative may be required. Examples of acceptable documentation include: Health Care Power of Attorney, Death Certificate, or Court Order. Supporting documentation can be sent to the SHS Health Information Management Department at the contact information below.* | | |
| Patient's Signature: | | Date: |
| Personal Representative Signature: *(if signing on behalf of patient)* | | Date: |
| Representative Name: | Relation to Patient: | |

| RETURN COMPLETED FORM: |
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| Please send completed request to:<br>Mailing Address: Samaritan Health Services Health Information Management<br>PO Box 2728 Corvallis, OR 97339<br>Fax: 541-768-9363<br>E-mail: SHSHIMROI@samhealth.org |

| Questions? |
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| If you have any questions about this form, please call the Health Information Management Department at 541-768-5069, Monday - Friday, 8 a.m. to 4:30 p.m. |

**Note: Some information may not be able to be sent to MyChart. If that is the case, we will contact you so we can find another way to get you your records.*