



Fairchild Medical Center
Health Information Management Department

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Ph: 530-841-6237
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PATIENT ACCESS REQUEST FOR PROTECTED HEALTH INFORMATION

Patient Name _____ Date of Birth _____
Mailing Address _____ City _____ State _____ ZIP _____
Phone Number _____ Email _____

A copy of valid photo I.D. (driver’s license, military, passport, student I.D., credit card with photo) is required to pick up records. Records will be produced within 15 days based on availability and size.

I would like to receive a copy of my medical records identified below by:

Obtaining a paper copy by mail Obtaining an electronic copy by: Secure email Flashdrive MyChart

Have my records sent to another provider. Providers Name: _____ Phone Number: _____
Fax Number: _____

We will notify you when records are ready for pick-up.

The medical record information being requested is:

Check all that apply:

<input type="checkbox"/> Discharge summaries	<input type="checkbox"/> Histories & Physicals	<input type="checkbox"/> Provider/Progress Notes
<input type="checkbox"/> Consultations	<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Imaging/Radiology Reports	<input type="checkbox"/> Other (please specify eg: HIV results)	

Dates of Service: _____

Standing lab orders may be requested for no longer than 30 days at a time _____

Patient will sign release at time of records picked up if required.

Signature of Patient: _____ Date: _____

Or: Patient’s legal representative - relationship: _____ certifies that I have legal authority under federal and/or state law to make this request on behalf of the patient – We may ask for documentation.

Print Name: _____ Signature: _____ Date: _____

We invite you to sign up for our patient portal to obtain radiology and lab results online. Please check with our Registration or Health Information Department to obtain access!

Hospital/Office Use Only:

Identification verified Provided copies as requested Documented in EDM
 Submitted for scanning Processed by /date _____ (Hospital Associate)