



PHONE: (314) 454 – 6060 FAX: (314) 454-2032
One Children's Place • St. Louis, MO 63110-1077

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION by Individual Patients

Individual Patient Name (if other than above): _____

Patient's Date of Birth: _____ SSN: _____

Patient Address: _____

Telephone Number: (H) () _____ (W) () _____

I request *only* the following information to be released:

- | | |
|---|---|
| <input type="checkbox"/> Designated Record Set | <input type="checkbox"/> X-Ray Reports |
| <input type="checkbox"/> Emergency Report | <input type="checkbox"/> X-Ray Films |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Mammograms |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Cardiac Cath Lab Cine Film |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Cardiac Cath Lab Reports |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Laboratory (specify) _____ | <input type="checkbox"/> Pharmacy Records |
| <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Itemized Billing Statement | |

Date(s) of Treatment: _____

Would you like your records to be mailed: Yes No To the above address: Yes No

To another address (please indicate) _____.

Signature of Individual or Personal Representative

Date

Processing Your Requested Information:

St. Louis Children's Hospital may charge a fee for the copying of requested health information. This fee will be based on the cost of the labor and supplies involved in copying the requested health information and the postage for mailing the copies to you. If you do not want the requested records mailed, you may contact our office after 30 days to pick-up your records.

St. Louis Children's Hospital 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 St. Louis Children's Hospital or is maintained in an off-site storage location, St. Louis Children's Hospital has 60 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.

St. Louis Children's Hospital Use Only:

Request Date: _____

Date Access Granted: _____

Date Access Denied: _____ (Must Complete Denial of Access Form)