***	Washington Ur	niversity P	hysicians°
	in Il	linois inc.	

Health Information Release Services-WUPI 660 South Euclid Ave., MSC 1219-35-3 St. Louis, MO 63110

Office: 314-273-0453 | Fax: 833-384-5921

## REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

Please check (✓) the appropriate box(es)	(□) and fill in the blar	ık(s) as needed.			
Individual Patient Name:					
Patient's Date of Birth:		Last 4 of SSN:	Last 4 of SSN:		
Home Phone Number:		Cell Phone Numbe	Cell Phone Number:		
□ Dr(s)		☐ Specialty:			
☐ All Washington University Physicians in					
Please Check Specific Information Reques	sted				
<ul> <li>□ All Records*</li> <li>□ Abstract of record (Office Notes, Procedures, &amp; Test Results Only)</li> <li>□ Images/Videos/Recordings</li> <li>□ Laboratory Reports</li> </ul>	☐ Medication Reco ☐ Nurses Notes ☐ Nuclear Medicir ☐ Progress Notes ☐ Pathology Repo ☐ COVID-19 Saliva	ne Report   rts	<ul><li>Operative Note</li><li>Other Procedure Report</li><li>Radiology (X-ray) reports</li><li>Itemized Billing Statement</li></ul>		
(SARS-CoV-2)  Other (specify)  Requests for Billing Records should be sent to Physician's Billing Services (Phone: 314-273-0500 option 4)  *Must check COVID-19 Saliva Test Results separately if those records are desired.					
Date(s) of Treatment: ☐ Specific Dates	s:th	ru	_		
In what format would you like to receive	your records: Pape	erCopy 🗆 Elec	ctronic Copy		
Release or Mail To:  Individual/Legal Guardian/Personal Representative:  Mailing Address:  City, State, Zip Code:  Phone Number of Individual Receiving Records:					
	Email Addre				
prefer us to use unencrypted email. If y Processing Your Requested Information	ication. We will encry you prefer we not encr : pis, Inc. may charge a f Id like a copy of your re	rpt email communicat rypt our communicat ree for the copying of ecord to be provided	itions of your records unless you tell us you ions to you, please initial here: requested health information plus postage		
Washington University Physicians in Illinor receipt of your request. If, however, you Illinois, Inc. or is maintained in an off-site 30 days to respond to your request. If we you of this extension of time.	r health information is e storage location, Was	not readily accessible shington University P	e by Washington University Physicians in hysicians in Illinois, Inc. has an additional		
We appreciate your patience while we p	rocess your request.				
Signature of Patient/Legal Guardian/Per	sonal Representative		Date		