



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

Please check (✓) the appropriate box(es) (☐) and fill in the blank(s) as needed.

Individual Patient Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

☐ Dr(s). \_\_\_\_\_ ☐ Specialty: \_\_\_\_\_

☐ All Washington University Physicians in Illinois, Inc.

Please Check Specific Information Requested

- ☐ All Records\*
☐ Abstract of record (Office Notes, Procedures, & Test Results Only)
☐ Images/Videos/Recordings
☐ Laboratory Reports
☐ Other (specify)
☐ Medication Records
☐ Nurses Notes
☐ Nuclear Medicine Report
☐ Progress Notes
☐ Pathology Reports
☐ COVID-19 Saliva Test Results (SARS-CoV-2)
☐ Operative Note
☐ Other Procedure Report
☐ Radiology (X-ray) reports
☐ Itemized Billing Statement

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: \_\_\_\_\_ thru \_\_\_\_\_ ☐ All dates

In what format would you like to receive your records: ☐ Paper Copy ☐ Electronic Copy

Release or Mail To:

Individual/Legal Guardian/Personal Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number of Individual Receiving Records: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email is not a secure means of communication. We will encrypt email communications of your records unless you tell us you prefer us to use unencrypted email. If you prefer we not encrypt our communications to you, please initial here: \_\_\_\_\_

Processing Your Requested Information:

Washington University Physicians in Illinois, Inc. may charge a fee for the copying of requested health information plus postage for mailing the copies to you. If you would like a copy of your record to be provided on portable media such as a CD or USB drive, we may charge you the actual cost of the portable media.

Washington University Physicians in Illinois, Inc. 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 Washington University Physicians in Illinois, Inc. or is maintained in an off-site storage location, Washington University Physicians in Illinois, Inc. has an additional 30 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.

Signature of Patient/Legal Guardian/Personal Representative

Date