

**EXETER HOSPITAL**5 Alumni Drive Exeter, NH 03833 603.778.7311
www.exeterhospital.com**For Internal Use Only:**

Date Received: _____

Medical Record #: _____

*This is a Duplex Form Page 1 of 2
Additional Information on Page 2***PATIENT REQUEST FOR ACCESS TO
PROTECTED HEALTH INFORMATION / MEDICAL RECORDS***In accordance with 45 CFR § 164.524, Exeter Hospital recognizes a patient's right under HIPAA to access and/or receive copies of his/her health information. There may be a flat fee associated with processing a request and producing requested records.***Patient Information (Please Print)**

Patient Name:	Date of Birth:
Mailing Address:	City, State, Zip:
Phone:	E-mail:

Requested Records

Dates of Service: ____/____/____ through ____/____/____

Please specify what medical records you are requesting: (e.g. reports, radiology films, other):

Record Format Requested
 Paper
 CD
 E-mail
 Other (describe): _____
Record Delivery Method Requested
 US Mail
 In-Person
 E-mail
 Other (describe): _____
**Requests for electronic delivery of medical records will be provided in secure format unless otherwise specified.*

Name of Patient or Authorized Representative (please print)	Relationship (please print)
Signature of Patient or Authorized Representative	Date

Please return completed form to:

US Mail: Health Information Management (HIM) Exeter Hospital 5 Alumni Drive Exeter, NH 03833	E-mail: HIMROI@ehr.org
	Fax: 603.580.6598
	Questions? 603.580.7551

Refer to Next Page for Additional Information



**PATIENT REQUEST FOR ACCESS TO
PROTECTED HEALTH INFORMATION / MEDICAL RECORDS**

*This is a Duplex Form Page 2 of 2
Release on Page 2*

PLEASE READ

- It is a violation of Federal and State law for a covered entity to release protected health information (PHI)/medical records to an unauthorized party. By signing page one of this form you are affirming you are the person to whom the PHI you are asking to have access belongs to you or that you have the legal authority to release/request the information.
- **Requests for Non-Secure Medical Records in Electronic Format:** In the event you have requested non-secure (not password protected) medical records in electronic format, you are accepting the risk and releasing Exeter Hospital from all liability in the event your protected health information (PHI) is received or intercepted and subsequently accessed, re-disclosed, or acquired by another individual other than yourself. Electronic Media (e.g. CD, USB, email attachments) could be accessed without a secure password and is otherwise accessible to anyone who has access to your postal mail or email account. Non-secure email can also be intercepted, or potentially misdirected and accessed or compromised by unauthorized individuals.
- Photo ID is required if medical records are being picked up. Medical records can only be released to the patient or individual authorized by the patient/legal representative.
- Be sure to write legibly and complete all sections on the authorization to avoid any delays.
- Please allow up to 30 days for the processing of your request for the release of medical records. See 45 CFR 164.524(b)(2). (In most cases records are available/provided within 1-10 days.)
- If you have been named as the Durable Power of Attorney for Health Care (DPOAHC) for a patient, you may request/authorize release of medical records *only* in the event the DPOAHC has been invoked by a Physician or Court (copy of the order is required if *not* invoked at Exeter Hospital)

