EXETER HOSPITAL
5 Alumni Drive Exeter, NH 03833 603.778.7311
www.exeterhospital.com

For Internal Use Only:
Date Received:_____
Medical Record #:_____

Patient Request for Access to Protected Health Information / Medical Records FOR SELF

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.

This form is to be used by patient's requesting *their own* medical records or by the legally authorized personal representative acting on behalf of the patient (proof of authority may be required).
Refer to Next Page for Additional Information

Patient Information (Please Print)

Patient Name: (Last, First)	Date of Birth:
Address:	
City, State, Zip:	Phone:

Requested Records

Dates of Service: _____/_____/_____ through _____/_____/_____

Please specify what medical records you are requesting:

☐ Standard Record Set*: (*See page 2 for details*)
☐ Radiology Images and Report(s) on CD
☐ Other (specify):_____

Record Format Requested:

☐ Paper Electronic: ☐ CD *or* ☐ Email ☐ Other (describe): _____

Record Delivery Method Requested:

☐ Regular Mail - Mailing Address:_____
☐ In-Person Pick-up – Contact number: (_____)_____-_____ *A representative will call when ready.*
☐ E-mail* – Address:_____
☐ 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

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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.
- ***Standard Record Set** includes pertinent information from care received for the dates requested and includes all in-patient and out-patient physician authored reports (e.g., a Discharge Summary, Operative and Procedural Report, Emergency Room Report) and the reports of any testing (e.g., radiology, laboratory, pathology, and cardiovascular). Dates of Care section must state actual date range. Terms such as "beginning", "end", and "discharge" are not accepted.
- ***Requests for Medical Records in Electronic Format:** Medical Records will be delivered using a secure format unless requested otherwise. Data format and size limitations may apply; if so, an Exeter Hospital representative may contact you to discuss your request with you if necessary. If the request for electronic delivery cannot be accommodated, an alternative delivery method will be provided.
  - 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. Email that is not secure 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.)
- A personal representative is an individual who has the authority under state law or documentation of other patient directive to make health care decisions or exercise the patient's privacy rights on behalf of a patient. Limitations apply and written notification or legal documentation validating the authority may be required before the request can be processed.