

**Office Use Only:**

MRN#: \_\_\_\_\_

Completion

Date/Initials: \_\_\_\_\_

**TOMAH MEMORIAL HOSPITAL/TOMAH HEALTH**

*Patient Health Information Access Request Form*

MRN: \_\_\_\_\_

**Patient Information:**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth Phone Number Previous name(s)

**Request that Tomah Memorial Hospital/Tomah Health disclose my health information to:**

Myself or  \_\_\_\_\_  
Name of Health Care Provider/Insurance/Attorney/Other

**Delivery Method Requested:**

Mail To: \_\_\_\_\_  
Address City State Zip

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

Pick Up (include date to be picked up if applicable) \_\_\_\_\_

**Format Requested (Fees may apply):**

- Non-encrypted CD  Paper  Other \_\_\_\_\_  
 Encrypted email  Non-encrypted email ( Requester was informed and understand the risks of receiving records via unsecured email and that personal health information could be accesses by a third party while in transit. Requestor still wants the records in this manner.)

**Information to be Disclosed and Dates:**

- Hospitalization/Treatment Date(s): \_\_\_\_\_
- |   |   |
|---|---|
| <input type="checkbox"/> Billing Records related to (specify): _____  | <input type="checkbox"/> Immunizations          |
| <input type="checkbox"/> Emergency department records   | <input type="checkbox"/> Lab Reports            |
| <input type="checkbox"/> Hospital summary- a general abstract will be sent which includes discharge summary, H&P, consults, operative reports, labs, radiology reports, & ER. | <input type="checkbox"/> Procedure Op Reports   |
| <input type="checkbox"/> Imaging Films (X-ray, CT, MRI)   | <input type="checkbox"/> Progress Notes/Updates |
| <input type="checkbox"/> Imaging Results  | <input type="checkbox"/> Other: _____           |

**Patient/Personal Rep signature:** \_\_\_\_\_

*Tomah Memorial Hospital/Tomah Health will accept any written request from a patient for access to or copies of their own medical record. This form is not required. However, it will provide TMH/TH with all needed information to assure an accurate response.*

12/2019