



Patient Request to Access Records

For Self or Designated Third Party

Patient Information

Patient Name _____ Today's Date _____

Patient Phone _____ Date of Birth _____

Last 4 digits of SSN _____ Medical Record Number _____

I am requesting that Health First: For myself: **-OR-** To be sent to third party (specify address below):

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I understand that my health record may include information relating to sexually transmitted disease, acquired immune-deficiency syndrome (AIDS) or human immune-deficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

Information Requested (Fees may apply) (Check all that apply)

Treatment Dates Requested _____

Hospital/Outpatient Records

Health First's Cape Canaveral Hospital Health First's Holmes Regional Medical Center Health First's Palm Bay Hospital

Health First's Viera Hospital MSDS MGIC _____

- Abstract (summary) Cardiology Test results (Labs) Entire record
- Emergency Department record Progress notes Radiology, X-Ray reports
- History and Physical Physician orders Images, films
- Discharge summary Operative/Procedure report Other _____

Health First Medical Group/Clinic Records

Provider(s) Name _____

- Office visit Laboratory report Physical exam Procedure report
- Radiology report Entire record Other _____

How would you like your records delivered?

Paper copy: Mail Fax For pickup by designated person, name _____ (Photo ID required for pick up)

Electronic copy: CD Email (secure)*: _____

*Email is not a secure means of communication. I acknowledge that if I choose to receive my records via electronic means, the information will be encrypted. If a single transmission cannot accommodate size of the file, records will be mailed.

Patient's/Legal Representative's Signature _____ Date _____

Legal Representative's Printed Name _____ Relationship to Patient _____

Main Health Information Management Department Locations:

Health First's Holmes Regional Medical Center 1350 S. Hickory St., Melbourne, FL 32901 Phone 321.434.3288 Fax 321.434.5027	Health First Medical Group (HFMG) 730 Malabar Road., Malabar, FL 32950 Phone 321.549.0695 Fax 321.724.8069
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FOR OFFICE USE ONLY: Request verified and processed by: Universal ID _____ Date _____

Request for access/disclosure has been: Granted Partially Granted Denied

Form of ID presented for verification: Driver's License Government ID Other (specify) _____