



SAINT ELIZABETH MEDICAL CENTER

REQUEST for ACCESS to PROTECTED HEALTH INFORMATION (PHI)

By Patient or Patient Representative

MAILING ADDRESS OSF Saint Elizabeth Medical Center Health Information Services (Medical Records) 1100 E. Norris Drive Ottawa, IL 61350

Phone: 815-431-5279 Fax: 815-431-5503 E-mail Address: SEMC.ROI@osfhealthcare.org

To our Patients and Patient Representatives: Please use this form to request access to your Protected Health Information (PHI) in your designated record set that we maintain. You generally have the right to inspect and/or obtain a copy of your PHI in your designated record set from OSF Saint Elizabeth Medical Center. We are allowed 30 days to respond to your request, and may be granted one 30-day extension. We will inform you in writing if the extension is needed.

Please return the completed form by fax, email or mail.

Form with fields: Patient Name, DOB, Email Address, Address, City, State/Zip, Phone, Alt. Phone, Last 4 SSN, Other.

1. Specify visit dates or range of dates needed: \_\_\_\_\_

2. What information would you like to receive?

Form with checkboxes for report types: Abstract includes H&P, Consult, OR, Pathology, DS, ER and Test Results i.e. Laboratory, Radiology, Cardiology. History & Physical, Emergency Report, Progress Notes, Specify other report, Discharge Summary, Operative Report, Rehab Records, Test Results, Pathology Report, Entire Record with flow sheets (i.e. temps, blood pressure).

OSF Saint Elizabeth Health Information Services is keeper of medical records for these type of visits: Inpatient/Observation (overnight), Hospital ambulatory/outpatient surgery, Pain Clinic, Emergency Department, Same day testing i.e. Laboratory, Radiology and Cardiology, OSF Center for Health - Streator (after 1/4/16)

3. Who should I contact if I need records or information from other departments?

Table with 2 columns: Department (Radiology Imaging CD, OSF Medical Group, Prompt Care, Itemized Statements/Bills, Laboratory slides) and Contact Information (Call Radiology at 815-431-5207, Call your individual physician's office, Call (815) 434-2273 for the Norris Drive location, Call (815) 431-9208 for the First Avenue (Route 23) location, Call OSF PAAC at 309-683-6750 or toll free at 800-421-5700, Call Laboratory at 815-431-5251 or 815-431-5211).

4. In what form or format would you like to receive your information? Check preference:

OSF MyChart [ ] Email [ ] CD/DVD [ ] Paper [ ]



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5. How do you want information delivered? Select one of the following options.

Visit dates from 6/15/2013 to present can be delivered by OSF MyChart or E-mail. Prior visits may be delivered by US mail.

Table with 4 columns: Selection box, Method (OSF MyChart, E-mail, private (encrypted), USPS Mail), Description, and Estimated turnaround time.

Note: Faxing is not an option to deliver medical records. For office use only: \_\_\_\_\_

6. If you want OSF to transmit your PHI directly to another person or entity, please provide the name and address below. Also, sign and date this form.

Form with fields for Person or Entity Name, Email Address, Phone, Address, City, and State/Zip.

IMPORTANT NOTE: If information contains sensitive information such as mental health/developmental disability, sexually transmitted diseases and/or alcohol/drug abuse, genetic testing or HIV/AIDS, then Authorization to Use or Disclose Health Information form must be completed. Call 815-431-5279 if you need more information.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

or

Patient Representative's name/address (print) \_\_\_\_\_

Patient Representative's signature \_\_\_\_\_ Date \_\_\_\_\_

State relationship to Patient \_\_\_\_\_

Provide evidence of Authority under applicable law to act for patient. If current evidence of Authority to act for patient is already on file at OSF, check here .

Health Care Power (HC-POA):

- 1. If patient is currently making decisions for themselves, then patient signs this form. 2. If patient has chosen to allow HC-POA to make decisions for them or physician has determined patient lacks ability to make decisions for themselves, then HC-POA signs this form and attaches evidence of Authority to act for the patient.

By law, we are not required to agree with your request for access to your PHI, and in certain situations, the law requires us to deny access. If this is the situation, we will advise you of the reason for the denial. Under certain circumstances, you may be able to request a review of the denial. If you request a copy of your records, OSF may charge a reasonable fee based on the cost of labor and materials to produce the copies for you, and/or mail them to you.