

Patient Request for Health Information

Patient Information:

First Name: _____ MI _____ Last Name: _____

Previous name(if applicable): _____

Address: _____ City, State, Zip: _____

Phone Number (_____) _____ Date of Birth ____/____/____

I would like records from this specific Hospital, Clinic, or Provider:

Date(s) of Service: ____/____/____ through ____/____/____ (if not specified, most recent will be sent)

Information Requested:

History and Physical Pathology Reports Radiology Reports Discharge Summary

Consult Reports Emergency Room Notes Laboratory Reports Progress Notes

Operative/Procedure Notes Assessment/Evaluation Immunizations

Other (please specify): _____

Format Requested:

Paper CD My Chart (If you do not have an account, please visit CentraCare.com)

Email _____

(By choosing this option, I acknowledge there may be security risks to my health information while in transit)

Other (please specify) _____

I would like my records sent to:

Name: _____

Address: _____

City, State, Zip: _____

Email address (If requested format): _____

Patient or Personal Representative Signature

Date

Printed Name

Relationship to Patient

Carris Health recognizes a patient's right under HIPAA to access copies of their health information. There may be a charge associated with processing a request and producing requested records.



Instructions

Please complete this form in its entirety so that we can properly identify you, the information you are requesting, as well as how and where you would like it sent. Be sure to sign and date the bottom before sending it or emailing it to one of the following sites.

If you are requesting records from...	Please send your completed form to...
Carris Health – Clinics	Carris Health-Willmar Main Clinic Attn: Health Information Management Department 101 Willmar Ave SW Willmar, MN 56201 Phone: 320-231-5011 Fax: 320-231-6323 e-mail: carriswiroi@carrishealth.com
Carris Health – Rice Memorial Hospital	Carris Health-Rice Memorial Hospital Attn: Health Information Management Department 301 Becker Ave SW Willmar, MN 56201 Phone: 320-231-4680 Fax: 320-231-4833 e-mail: rmhroi@carrishealth.com
Carris Health – Redwood Hospital	Carris Health – Redwood Hospital Attn: Health Information Management Department 1100 E Broadway Redwood Falls, MN 56283 Phone: 507-637-4591 Fax: 507-697-6006 e-mail: rwfroi@carrishealth.com
Carris Health – Willmar Surgery Center	Carris Health- Willmar Surgery Center Attn: Health Information Management Department 1310 S 1 st St Willmar, MN 56201 Phone: 320-262-7867 Fax: 320-235-7069