

Boone Hospital Center
1600 East Broadway
Columbia, Missouri 65201
Phone: 573.815.8000
Fax: 573.815.3763

**Request for Access to Protected
Health Information
by Individual Patients**



Individual (Patient) Name: _____

Patient's Date of Birth: _____ SSN: _____

Patient Address: _____

Telephone Number: (H) (_____) _____ (W) (_____) _____

I request only the following information to be released:

- | | |
|---|---|
| <input type="checkbox"/> Designated Record Set | <input type="checkbox"/> X-Ray Reports |
| <input type="checkbox"/> Emergency Report | <input type="checkbox"/> X-Ray Films |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Mammograms |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Cardiac Cath Lab Cine Film |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Cardiac Cath Lab Reports |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Laboratory (specify) _____ | <input type="checkbox"/> Pharmacy Records |
| <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Itemized Billing Statement | |

Date(s) of Treatment: _____

Would you like your records to be mailed: Yes No To the above address: Yes No

To another address (please indicate) _____

Signature of Individual or Personal Representative Date

Processing Your Requested Information:

Boone Hospital Center may charge a fee for the copying of requested health information. This fee will be based on the cost of the labor and supplies involved in copying the requested health information and the postage for mailing the copies to you. In addition, if you request a summary of the requested health information in lieu of or in addition to the copies, Boone Hospital Center may charge you a reasonable cost for the preparation of a summary. We will, however, inform you of the cost of preparing a summary in advance of its preparation. If you do not want the requested records mailed, you may contact our office after 30 days to pick-up your records.

Boone Hospital Center will respond to your request for health information within 30 days of our receipt of your request. If, however, your health information is not readily accessible by Boone Hospital Center or is maintained in an off-site storage location, Boone Hospital Center has 60 days to respond to your request. If we require additional time to respond to your request, we will contact you to inform you of this extension of time.

We appreciate your patience while we process your request.

Boone Hospital Center Use Only: Request Date: _____

Date Access Granted: _____

Date Access Denied: _____

(Must Complete Denial of Access Form)