the emergency center

Corporate Office | 70 S. Val Vista Dr. A3-620 | Gilbert, AZ 85296
San Antonio ER | 11320 Alamo Ranch Parkway | San Antonio, TX 78253

MEDICAL RECORDS RELEASE REQUEST

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request the opportunity to inspect and copy health information that pertains to you. The Emergency Center will evaluate your request and will either grant it or explain the reason why the request will not be granted. The Emergency Center may provide you with a summary or explanation of the information in your health records instead of access to or copies of your records.

Send this completed form to: The Emergency Center, ATTN: Compliance Officer
70 S. Val Vista Dr. A3-620 Gilbert, Arizona 85296 or fax: 877-336-6898 or ema

Name of Patient: _____

Date of Birth: _____

Social Security Number: _____

Name of Facility: _____

I. My Authorization

I authorize the following Protected Health Information (PHI) to be released to:

_____

☐ - All of my protected health information

☐ - My protected health information relating to the following treatment or condition:

_____

☐ - My protected health information covering the period from _____ (date) to

_____ (date)

☐ - Other: _____

_____

_____

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Please send the protected health information selected above to:

☐ Hard copies

Name: _____

Mailing Address: _____

_____

☐ Electronic Copies

Fax _____ and/or

Email _____

Patient Signature: _____

Date Signed: _____

If the patient is a minor or unable to sign, please complete the following:

☐ - Patient is a minor: _____ years of age

☐ - Patient is unable to sign because: _____

Signature of Authorized Representative: _____

Date: _____

Print Name of Authorized Representative: _____

Authority of representative to sign on behalf of the patient:

☐ - Parent ☐ - Legal Guardian ☐ - Court Order ☐ - Other: _____