GIFT OF HEALTH
MEDICAL CENTER

Request for Access to Health Information

As a patient of a Gift of Health Medical provider, you may access certain health information we maintain about you. If you want to inspect and/or receive a copy of your health information, you must complete this form and return it to the address specified below and in our Notice of Privacy Practices. This request applies only to the departments/Facilities that you indicate below.

To assist us in locating your information, please provide the following:

Date of Request: _____ Medical Record Number: _____

Patient Name: _____ Date of Birth: _____

Phone Number: _____ Last 4 Digits of SSN: _____

Address: _____ City: _____

State: _____ Zip: _____

I am requesting access to my health information maintained at:

Department: _____ Physician: _____

Facility/Hospital: _____

Please indicate whether you would like to inspect or receive a copy of your health information by checking the applicable box(es):

☐ I would like to inspect my health information in person at GOHM.

☐ I would like a copy of my health information.

Please indicate, by checking the appropriate box(es), the specific information to which you want access:

☐ Medical records (i.e., lab reports, progress notes, etc.) for the following dates:

_____

☐ Films/Images (i.e., films, CDs, diagnostic images, etc.) for the following dates:

_____

☐ Billing records (i.e., claims or statements) for the following dates:

_____

We charge fees for copies, postage, and handling, as permitted by applicable state and federal law. You will be contacted with a total and instructed how to make payment as well as when you can expect to receive your records (if you have requested a copy).

_____ _____

Signature of patient or personal representative Date

_____

If personal representative, authority to act on behalf of patient/Relation to Patient

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How to Obtain your Medical Records

If you are requesting a copy of your medical records, you will be required to complete an Record Release form to obtain copies of your record. You may also be asked to provide a photo ID for identification purposes.

Please complete the form, fax, mail or contact the appropriate medical record department listed below:

8765 SW 165 Avenue, Suite 106
Miami, Florida 33193
Phone: 305-728-0605
Fax: 786-408-5997
Website: www.giftofhealthmedical.com