# Patient Request for Health Information Form

*Our Healing Roots, LLC* recognizes a patient's right of access under HIPAA. There may be charges associated with processing a request and producing requested records.

Patient Information (Please Print)

| First Name: | | Middle Initial: | Last Name: | |
|---|---|---|---|---|
| Name at Time of Treatment (if different than above): | | | | |
| Date of Birth (MM/DD/YYYY): | Phone: | | E-mail (optional): | |
| Street Address: | City: | | State: | Zip: |

**What records do you want? (Check appropriate boxes below):**

Date(s) of Service:_____/____/____through_____/____/_____

☐ Chart Notes ☐ Laboratory Results ☐ Documents ☐ Billing Records

☐ Genetic Results—Please specify: ____________________________________________

☐ Other, Please specify: ____________________________________________

**How would you like your records delivered?**

☐ Paper

- ☐ Mail Delivery
- ☐ In-Person Pickup

☐ Electronic (Email, USB, CD, Portal, Other) Please specify: ____________________________________________

**Where do you want the information sent? (Fill in boxes below):**

*Our Healing Roots, LLC* should provide my records to: ☐ Self ☐ Personal Representative (indicated below)

| Recipient Name: | Recipient Phone:<br><br>Recipient Fax: |
|---|---|
| Recipient Mailing Address: | Recipient E-mail (if applicable): |

Please print your name and sign below:

| | |
|---|---|
| **Name of Patient or Personal Representative (please print)** | **Relationship to Patient (please print)** |
| | |
| **Signature of Patient or Personal Representative** | **Date/Time** |

**Please return completed form to:**

***Our Healing Roots, LLC***
***3539 S. Lone Pine #200***
***Springfield, MO 65804***

***E-mail: office@ourhealingroots.net***
***Fax: 1-844-685-0298***

***IMPORTANT! Please call 417-319-3081 if you don't get a confirmation of receipt in 72 hours.***

**For internal use by *Our Healing Roots, LLC* only:**

| ***Patient Identification #:*** | ***Date Received:*** | ***Date Processed:*** | ***Processed By:*** |
|---|---|---|---|
| ***Fee Charged:*** | ***Were Records Reviewed On-site?*** | ***Date Reviewed:*** | |