PrairieCare

Clear Form

Patient Guide

Patient/Parent/Guardian Request for Medical Information

Patient Information Please Print Legibly OR Place Patient Identifying Label	_____ Patient Name _____ Date of Birth
Parent/Guardian Information *Who is requesting the medical record?*	_____ Name of Person Receiving Records _____ Relationship to Patient Phone Number _____ Address (street, city, state, zip code) Fax Number
Communication *How will the records be received?*	**Method to Receive Records:** ☐ Fax ☐ Pick up Copy in Person ☐ US Mail
Information to be Released:* Please mark all that apply.	**Requires Patient (16 years or older) OR Parent/Guardian consent, as evidenced by Patient or Parent/Guardian Initials:** ____ Acknowledgement of Patient's Access of Service ____ Discharge Summaries & Plans ____ Diagnostic Assessments ____ Progress in Treatment ____ Treatment Plans ____ Psychological Consult/Testing ____ Medical Consults/History & Physical ____ **ALL RECORDS (Including *All Items* listed above)** ____ Other: ____ **Requires Patient consent, *regardless of age*, as evidenced by Patient's Initials:** ____ Chemical Use & Abuse Assessment, Data, and Information ____ Reproductive and Sexual Health Information ____ Lab Results Regarding Chemical Use or Reproductive Health, including HIV/AIDS Information ***Please note that CD/Alcohol information and Reproductive Health Information (including lab results) contained in any records will be redacted prior to sending unless the patient has initialed the above items.***
Purpose of the Release of Information *Why is the release needed?*	____ Coordination of Care/Follow Up ____ Reviewing Current Care ____ Appealing Social Security Disability Denial ____ Other (must specify): ____ Insurance Purposes ____ Legal Purposes ____ Education Purposes

Fees may be charged in accordance with MN Statute 144.292 and Federal Rule 45 C.F.R.§164.524§

_____

Signature of Patient *(Patients 16 and older must personally consent for all mental health records.)* Date

_____

Signature of Parent/Guardian Relationship to Patient Date