Washington University Physicians®
Washington University School of Medicine in St. Louis

Health Information Release Services
660 South Euclid, Campus Box 1219
Cancer Research Building
Room: 112
St. Louis, MO 63110
Phone: 314.273.0453 | Fax: 844.868.1435

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

Please check (✓) the appropriate box(es) (☐) and fill in the blank(s) as needed.

Individual Patient Name (Last, First): _____

Patient's Date of Birth: _____ SSN: _____

Telephone Number: (Home) ( )_____

☐ Dr(s). _____ ☐ Specialty _____

☐ All Washington University Physicians

Please Check Specific Information Requested

☐ All Records	☐ Medication Records	☐ Operative Report
☐ Abstract of record **(Office Notes, Procedures, & Test Results Only)**	☐ Nurses Notes	☐ Operative Notes
	☐ Nuclear Medicine Report	☐ Other Procedure Report
	☐ Progress Notes	☐ Radiology (X-ray) reports
☐ Images/Videos/Recordings	☐ Pathology Reports	☐ Itemized Billing Statement
☐ Laboratory Reports		

☐ Other (specify) _____

Requests for Billing Records should be sent to Physician's Billing Services (Phone: 314-273-0763)
Requests for Radiology Films should be sent to the Radiology Film Library (Phone: 314-362-2850)

Date(s) of Treatment: ☐ Specific Dates:_____thru_____ ☐ All dates

In what format would you like to receive your records: ☐ Paper Copy ☐ Electronic Copy

Release or Mail To:

Individual/Legal Guardian/Personal Representative _____

Street Address _____

City, State and Zip Code _____

Phone Number of Individual Receiving Records if not Patient: _____

Email Address _____

Email is not a secure means of communication. We will encrypt email communications of your records unless you tell us you prefer us to use unencrypted email. If you prefer we not encrypt our communications to you, please initial here:_____

Processing Your Requested Information:

Washington University Physicians may charge a fee for the copying of requested health information plus postage for mailing the copies to you. If you would like a copy of your record to be provided on portable media such as a CD or USB drive, we may charge you the actual cost of the portable media.

Washington University Physicians 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 Washington University Physicians or is maintained in an off-site storage location, Washington University Physicians has an additional 30 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.

_____ Date:_____

Signature of Patient/Legal Guardian/Personal Representative