BARNES-JEWISH
West County Hospital
BJC HealthCare

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

PATIENT IDENTIFICATION

Individual (Patient) Name: _____

Patient's Date of Birth: _____ SSN: _____

Patient Address: _____

Telephone Number: (H) ( ) _____ (W) ( ) _____

I request only the following information to be released:

- ☐ Designated Record Set
- ☐ Emergency Report
- ☐ Discharge Summary
- ☐ History & Physical
- ☐ Operative Report
- ☐ Pathology Report
- ☐ Laboratory (specify) _____
- ☐ Other (specify) _____
- ☐ Itemized Billing Statement
- ☐ X-Ray Reports
- ☐ X-Ray Films
- ☐ Mammograms
- ☐ Cardiac Cath Lab Cine Film
- ☐ Cardiac Cath Lab Reports
- ☐ EKG
- ☐ Pharmacy Records

Date(s) of Treatment: _____

Would you like your records to be mailed: ☐ Yes ☐ No To the above address: ☐ Yes ☐ No

To another address (please indicate): _____

_____ _____

Signature of Individual or Personal Representative Date

Processing Your Requested Information:

Barnes-Jewish West County Hospital may charge a fee for the copying of requested health information. This fee will be based on the cost of the labor and supplies involved in copying the requested health information and the postage for mailing the copies to you. If you do not want the requested records mailed, you may contact our office after 30 days to pick-up your records.

Barnes-Jewish West County Hospital 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 Barnes-Jewish West County Hospital or is maintained in an off-site storage location, Barnes-Jewish West County Hospital has 60 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.

Barnes-Jewish West County Hospital Use Only: **Request Date:** _____

Date Access Granted: _____

Date Access Denied: _____
(Must Complete Denial of Access Form)

DO NOT WRITE BELOW THIS LINE

BWC 10-3343-220