

PATIENT INFORMATION (PLEASE PRINT)

| | | | |
|-----------------------|-----|----------------|--|
| Patient Name | | | |
| Address | | | |
| City/State/Zip | | | |
| Date of Birth | / / | Phone # | |

WHAT RECORDS DO YOU WANT?

I understand that this information may include information relating to: AIDS, HIV, diagnosis/treatment of drug or alcohol abuse; mental, behavioral health, or psychiatric care.

| | |
|--|---|
| <input type="checkbox"/> Summary (doctor notes, emergency room record, test results, operations) | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Emergency Room Record <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Other |
| <input type="checkbox"/> History/Physical <input type="checkbox"/> Operative Report(s) <input type="checkbox"/> Radiology Images | |
| Date(s) of Service: | |

HOW WOULD YOU LIKE YOUR RECORDS DELIVERED?

| | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Paper: | <input type="checkbox"/> I will pick up in-person | <input type="checkbox"/> Mail To Home (address below) |
| <input type="checkbox"/> CD: | <input type="checkbox"/> I will pick up in-person | <input type="checkbox"/> Mail To Home (address below) |
| <input type="checkbox"/> Email: | I would like my copy sent to me electronically via e-mail using the following e-mail address: | |
| | WARNING: I understand there is a level of risk that my PHI could be read or otherwise accessed by a third party while in transit and agree to receiving my PHI by unencrypted e-mail using the e-mail address above. My signature indicates I understand and accept the risk. | |
| | (Signature of patient) | |
| <input type="checkbox"/> MyChart | <input type="checkbox"/> Other: | |

PLEASE CHECK THE BOX WHERE YOU WERE TREATED

| | | |
|--|--|---|
| <input type="checkbox"/> UT Health Athens Hospital | <input type="checkbox"/> UT Health Rehab Hospital | <input type="checkbox"/> UT Health Rural Health Clinic Carthage |
| <input type="checkbox"/> UT Health Behavioral Health (BHC) | <input type="checkbox"/> UT Health Specialty Hospital | <input type="checkbox"/> UT Health Rural Health Clinic Grand Saline |
| <input type="checkbox"/> UT Health Carthage Hospital | <input type="checkbox"/> UT Health South Broadway | <input type="checkbox"/> UT Health Rural Health Clinic Henderson |
| <input type="checkbox"/> UT Health Cedar Creek Lake | <input type="checkbox"/> UT Health Tyler Hospital | <input type="checkbox"/> UT Health Rural Health Clinic Jacksonville |
| <input type="checkbox"/> UT Health Henderson Hospital | | <input type="checkbox"/> UT Health Rural Health Clinic Mineola |
| <input type="checkbox"/> UT Health Hope Cancer Center | <input type="checkbox"/> UT Health Clinics: Please list physician and City. | <input type="checkbox"/> UT Health Rural Health Clinic Mt Pleasant |
| <input type="checkbox"/> UT Health Jacksonville Hospital | | <input type="checkbox"/> UT Health Rural Health Clinic Pittsburg |
| <input type="checkbox"/> UT Health North Campus Hospital | | <input type="checkbox"/> UT Health Rural Health Clinic Quitman |
| <input type="checkbox"/> UT Health Pittsburg Hospital | | <input type="checkbox"/> UT Health Rural Health Clinic Rusk |
| <input type="checkbox"/> UT Health Quitman Hospital | | |

WHERE DO YOU WANT YOUR RECORDS SENT?

| | | |
|--|---------------------------|--|
| Please provide my records to: <input type="checkbox"/> Myself <input type="checkbox"/> My Personal Representative (indicated below): | | |
| Recipient Name | | Recipient Telephone # |
| Recipient Street Address | Recipient City, State Zip | Recipient Fax or Email (if applicable) |

Facility checked above recognizes a patient's right under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing requested records.

Signature of Patient/Authorized Representative

Date

Printed Name of Patient or Legal Guardian

Relationship to patient, if other than self
(attach appropriate legal documents)