



Missouri Baptist

MEDICAL CENTER

BJC HealthCare

3015 N. Ballas Road • St. Louis, Missouri 63131

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUAL PATIENTS

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, EKG, Laboratory (specify), Other (specify), X-Ray Reports, X-Ray Films, Mammograms, Cardiac Cath Lab Cine Film, Cardiac Cath Lab Reports, Pharmacy Records, Itemized Billing Statement, Pathology Report, Pathology Slides, Pathology Blocks

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:

Missouri Baptist Medical Center 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.

Missouri Baptist Medical Center 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 Missouri Baptist Medical Center or is maintained in an off-site storage location, Missouri Baptist Medical Center has 60 days to respond to your request.

We appreciate your patience while we process your request.

Missouri Baptist Medical Center Use Only:

Date Access Granted: _____

Request Date: _____

Date Access Denied: _____

(Must Complete Denial of Access Form)

DO NOT WRITE BELOW THIS LINE

