



- Herrin Hospital
- St. Joseph Memorial Hospital
- Memorial Hospital of Carbondale
- Miners Memorial Health Center

PATIENT | PERSONAL REPRESENTATIVE REQUEST FOR ACCESS TO HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____
 Last First MI

Specific Health Information Requested: _____ Date of Treatment: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Pathology Report | <input type="checkbox"/> EKG / Stress Test |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Radiology Films / Images |
| <input type="checkbox"/> Emergency Room Report | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Itemized Bills |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Rehabilitation Reports (PT, OT, ST) | <input type="checkbox"/> Other _____ |

Please circle the type of access requested: (1, 2 or 3) :

1 Obtain a copy

Request Format:

- Paper copy Download to DVD Download to SIH provided Flash Drive

Delivery Method:

- I will pick up Mail to me at address below Fax* # _____
 Send to another individual/organization at address below

 (Name and Address)

2 Transmit a copy via PDF to my email*

My email address is: _____

3 Inspect health information contained in the medical record and billing system. (Please contact the Health Information Department to arrange.)

Signed: _____ Date: _____
 (Patient / Legal Representative)

If signed by other than the patient, please indicate legal relationship : _____

We ask for your signature as a method to further verify your identity and protect your health information from wrongful access by others.

Records Released by: _____ Date: _____
 (Employee Name/Department)

*Sending your personal health information to an email address or by fax is not a secure delivery method and may expose your health information to others. By choosing this delivery method, you release Southern Illinois Healthcare/Southern Illinois Healthcare Medical Group from any liability involving a potential or actual breach of your health information that has been delivered upon your request to an email address or by fax.

If you have any questions regarding completing this form, please contact the Health Information Department at the phone numbers provided below.

Herrin Hospital	Memorial Hospital of Carbondale	St. Joseph Memorial Hospital
618.942.2171 Ext 35126	618.457.5200 Ext 65460	618.457.5200 Ext 65460