

PACIFIC GYNECOLOGY SPECIALISTS, PC

1101 MADISON, SUITE 1500
SEATTLE, WA 98104

REQUEST TO ACCESS MEDICAL RECORDS

FAX # (206) 965-1736

PHONE # (206) 965-1700

TODAY'S DATE: _____

PATIENT'S NAME: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE NUMBER: (H) _____ (W) _____

DESCRIBE THE INFORMATION THAT YOU WOULD LIKE TO ACCESS (E.G., PHYSICIAN NOTES RECORDING OF LAB TEST RESULTS, X-RAYS, ETC.)

ON WHAT DATE(S) WAS THE CARE THAT IS DESCRIBED PROVIDED? _____

PLEASE CHECK THE METHOD OF ACCESS THAT YOU DESIRE:

_____ IN PERSON (I.E., YOU COME INTO OUR OFFICE TO VIEW THE RECORDS)
_____ COPIES (FIRST COPY IS FREE OF CHARGE; ANY ADDITIONAL REQUESTED COPY OF MEDICAL RECORDS WILL COST \$23.00 FOR AND ADMINISTRATION FEE AND \$1.04 CENTS PER PAGE FOR THE FIRST 30 PAGES AND .79 CENTS PER PAGE AFTER THAT. YOU WILL BE INFORMED OF AND BILLED FOR THESE CHARGES PRIOR TO PICKING UP OR MAILING OUT OF THE RECORDS.)

PLEASE LIST SHIPPING ADDRESS:

_____ FAX NUMBER: _____

IF YOU ARE REQUESTING YOUR ENTIRE MEDICAL RECORD, OR THE RECORD OF A COURSE OR TREATMENT (I.E., THE RECORDS RELATED TO TREATMENT) WE WILL PROVIDE A SUMMARY OF THOSE RECORDS IN LIEU OF THE RECORDS THEMSELVES AT YOUR REQUEST. THERE WILL BE A CHARGE FOR THE COST ASSOCIATED WITH PREPARING THE SUMMARY. YOU WILL BE INFORMED OF AND BILLED FOR THESE CHARGES PRIOR TO SHIPPING. **PLEASE ALLOW 5—10 BUSINESS DAYS FOR REQUESTING RECORDS. REQUESTS ARE VALID FOR 90 DAYS.**

IF YOU ARE NOT THE PATIENT, PLEASE FILL IN THE FOLLOWING:

NAME: _____ RELATIONSHIP TO PATIENT: _____

ADDRESS (IF DIFFERENT THAN ABOVE) _____

PHONE # (IF DIFFERENT THAN ABOVE) _____

Patient Signature

Date