256 Williamstown Road
Ottawa, OH 45875
Phone: 419-523-5608
Fax: 419-523-4171
Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

Protected Health Information Records Request

Name on Record:____ Date of Birth:___________________________

Person Requesting Record: ___________________________________Telephone Number:______________________

Address:____ Relationship to Patient:__________________

How would you like this information provided?

___Pick up at Health Dept Name of person receiving record: ____

___Mailed Mail to address: ____

Type of Record Requested:
____

____

Signature:____ Date: ____________________________________
*Signature required for release of records.

For PCHD Use Only

Date Request Received:_____________________________________ Initials:________________

Date Request Fulfilled:_______________________________________Initials:_________________
(copy sent, given to requesting individual, or individual notified document(s) ready for pick-up)

How was information Provided? ____ Handed to Requestor ____ Faxed ___Mailed _____Request Denied (see notes)

List Information Provided:____

____

Notes:____