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“Working towards a healthy and safe Putnam County”

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: _____