

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

FOR OFFICE USE ONLY:

INFORMATION REQUESTED	DATES
1. ALL RECORDS	
2. DISCHARGE SUMMARY	
3. RADIOLOGY REPORT	
4. RADIOLOGY FILM	
5. EKG REPORT	
6. EEG REPORT	
7. PSYCHOLOGICAL TESTING	
8. OPERATIVE REPORT	
9. PATHOLOGY REPORT	
10. PROGRESS NOTES	
11. CONSULTATION	
12. LABORATORY REPORT	
13. OTHER	
SENT BY:	DATE SENT:

PT.NO

NAME

DOB

UW Medicine
 Harborview Medical Center – UW Medical Center
 University of Washington Physicians
 Seattle, Washington

PATIENT REQUEST FOR ACCESS TO PHI

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