



PATIENT ACCESS FORM INSTRUCTIONS

LHS will provide copies of medical records at no charge when records are directed to another provider for treatment purposes. In those situations, patients do not need to complete this request form. A verbal request is acceptable.

If you are requesting information to be released to yourself, or you are the legal personal representative for an individual, complete all sections of this form as directed.

SECTION I: PATIENT INFORMATION

Please legibly print information so we may accurately identify the patient.

SECTION II: LHS LOCATION(S) OF WHERE SERVICES WERE PROVIDED

Please check the LHS location(s) of where services were provided. Many times, services are provided in multiple locations. Paper records may be maintained in these areas, so a coordinated effort will be made to gather records from all locations.

SECTION III: DATE, DATE RANGE, OR DESCRIPTION OF SERVICES

Please provide the date, date range, or description of services you are requesting copies.

LHS Employees: If you are a LHS employee requesting electronic access to your medical records only, please write the word “ongoing” in the area designated for date or date range of service in this section. You will only need to complete the Patient Access form once when requesting ongoing access to your electronic medical record.

SECTION IV: DELIVERY METHOD

Indicate the preferred method to receive copies of your medical records.

LHS Employees: You do not need to complete this section if you are only requesting electronic access to your medical records.

SECTION V: TYPES OF RECORDS

There are costs associated with photocopying, and as a result, we have categorized the most common types of records requested. Please select those records you are requesting copies.

LHS Employees: Please complete this section even if you are only requesting electronic access to your medical records.