

Patient Request for Medical Records - Instructions

Instructions – Please print clearly – Failure to fill out form completely can result in a delay in processing your request.

- **PATIENT INFORMATION** – Print name, date of birth, complete mailing address and phone number.
- **INFORMATION TO BE RELEASED FROM** – Select a Legacy Medical Center OR the name of the Legacy Medical Group Clinic OR write your Legacy provider’s name that you would like your records released from.
- **INFORMATION TO BE RELEASED** – Please add a date range and specify what information you would like released. If you are looking for something that is not listed, please add what you would like to the “Other” line.
- **FORMAT OF RECORDS** – Select CD, DVD, MyHealth** or Paper. If none is selected, the default format is paper. If you select MyHealth*, records will be sent directly to your MyHealth account. Please note, if you select this option you will need to have an active MyHealth account. If you do not have a MyHealth account, please contact MyHealth Customer Service Monday through Friday, 8 a.m. through 5 p.m., at 503-415-4835 (OR) or 360-487-1075 (WA).
 - **Please note:** Our standard process for releasing electronic records is to send the records in a secure manner. For records requested on disc, we secure the PDF files and send a separate letter with the password to access the records. For records sent by email, you will be sent a secure link. After clicking the link, you will be asked for the demographics of the requested patient and then it will give you the option to download the records that will be sent through a secured sharing site. Also, sending records to your MyHealth account is secured with your account password.
- **MY RIGHTS**
 - Specially protected information in section 5 will only be released if **initialed**.
 - Patients receiving their own records will be charged according to HIPAA guidelines.
 - Other parties/organizations receiving records for legal or commercial use will be charged the legally allowed third party State rate. Oregon rates found in “ORS 192.563”. Washington State rates found in “RCW 70.02.010”.
 - **Patients completing this request for records are responsible for notifying legal or commercial recipients they will receive an invoice for the above-mentioned rates.**
- **INFORMATION TO BE RELEASED TO** – Specify who the information is to be released to and their relationship to you. You must include a complete mailing address and contacts phone number. Fax number and/or email address as appropriate.
- **SIGNATURE** – Sign and indicate date signed.
 - If you are signing this form and you are not the patient**
 - If the patient is 18 years of age or older, the patient must sign and date the form.
 - If the patient is 18 years of age or older and is incapable of signing,
 - The personal representative under HIPAA (45 CFR §164.502(g)(1)) may sign and date the form. An attorney for the patient is not a personal representative, under HIPAA unless specifically appointed to make health care decisions for the patient.
 - Please indicate your relationship to the patient (Guardian, Health Care Representative or Health Care Power of Attorney) and include supporting documentation of your relationship.
 - If the patient is a minor aged 13-17, the minor’s signature is required.

Rates for patients requesting their own records:	
Paper or electronic format:	\$ 6.50 Flat Rate
Records able to be sent to your MyHealth account* (see below)	No Charge

*** This option requires that you have an active MyHealth account. Additionally, please note that only records from 2011 forward for most Legacy Health Hospitals and clinics are available in our Electronic Medical Record are able to be sent to MyHealth.**

Send the completed form to: Legacy Health Release of Information P.O. Box 2868 Portland, OR 97208	OR	Fax Number: 855-892-7124
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For questions, please contact Legacy’s Release of Information office at 503-413-2762
Monday – Friday 8:00 a.m. to 4:30 p.m. (Except for major holidays)

Patient requests are processed in the order they are received. Please allow up to 15 days to process Washington facility requests and up to 30 days for Oregon facilities. We make every effort to complete requests in a timely manner.