KAISER PERMANENTE®

Stapleton Support Services
11000 E. 45th Avenue, Denver, CO 80239-3004
TTY: 1-800-659-2656

Request for Access to Protected Health Information

Release of Information • Phone: 303-404-4700 • Fax: 303-404-4750

Patients must submit a request, in writing, to obtain copies or to view their own protected health information. This form is also to be used for a parent or guardian requesting access to the records of a minor.

_____ _____/_____/_____
Patient Name Today's Date

_____ _____/_____/_____ _____
Medical Record Number Date of Birth Phone Number

_____
Street Address City State ZIP

I am requesting to:

☐ View or inspect the patient's records

- OR -

Obtain copies of the patient's records in the following format:

☐ Paper copies ☐ Electronic copies on CD (only applies to records maintained by Kaiser Permanente in an electronic medical record)

The type and amount of information to be viewed or disclosed is as follows (specify dates):

☐ Immunizations
☐ Most recent _____ (years) of record
☐ Entire medical record
☐ HIV/AIDS information____/____/_____ to ____/____/_____
☐ Other (Specify): _____

☐ Laboratory Results: ____/____/_____ to ____/____/_____
☐ X-Ray Reports: ____/____/_____ to ____/____/_____
☐ Genetic testing: ____/____/_____ to ____/____/_____

_____ _____/_____/_____
Signature of Patient of Authorized Personal Representative Date

_____
Personal Representative's Name and Relationship *(please attach applicable legal documentation of authority)*

For Kaiser Permanente Office Use Only: Verification of Photo Identification

ID# and State _____ Verified by:_____