

## Request to Access Health Records

### Person Served Information

Please complete the following information about the person whose health records are being requested.

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
WellPower ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

### Request Type

Please select the type of access you are requesting.  
Fees may apply.

- Electronic copy: secure e-mail (\*PDF only)
- Electronic copy: CD (\*PDF only)
- Electronic copy: Jump Drive (\*PDF only)
- Printed paper copy
- Printed paper copy: notary certified
- Viewing: A representative from HISM will contact you to schedule.

### Receipt

Please select how you would like to receive your copies.  
Leave blank if not applicable.

- Postal Mail
- Pick-up
- E-mail (\*for PDF only)

### Treatment Information

(OPTIONAL) Please select the time-period and/or program(s) of the health records you are requesting access.

Service Dates: From: \_\_\_\_\_ Program(s): \_\_\_\_\_  
To: \_\_\_\_\_

### Information Requested

Please select to which parts of the health record you are requesting access.

- Entire Clinical Chart
- OR**
- Medication List
- Lab Results
- Diagnosis Information
- Other: \_\_\_\_\_
- Discharge Summaries
- Intake Assessment(s)
- (Neuro)Psychological Evaluation
- Residential Shift Notes
- Case Management Summaries
- Psychiatry/Medical Summaries
- Crisis Intervention Summaries
- Psychotherapy Progress Summaries

### Requestor Information

If you are requesting access to health records on behalf of the person in services, please fill in your information below.

**NOTE:** Supporting documentation of your legal authority to access these health records must be provided, if not already on file.  
Leave blank if not applicable.

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organization: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Contact Information

Street Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Requestor Signature \_\_\_\_\_

Signature Date \_\_\_\_\_