

PATIENT REQUEST FOR HEALTH INFORMATION



Today's Date: _____

Patient Information:

First Name _____ MI _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____ Previous Name: _____

I request Chicago ENT to provide my health information to:

Myself or _____
Name of Health Care Provider / Insurance / Attorney / Other

Delivery Method Requested:

Digital: Healow Patient Portal – *Email address required:* _____

In-Person Pickup: Halsted Skokie St. Joseph's St. Mary's Swedish Peterson

Mail To (U.S. only): _____
Address City State Zip

Processing Time:

- via Healow Patient Portal: Within 30 days
- via U.S. Mail for CT Disc: Within 30 days*
- via U.S. Mail for paper copies: Within 30 days*
- via In-Person Pickup: Within 30 days

Records Needed Before: ____/____/____

If you need your records by a specific day, please specify. Our processing times are listed above. However, we will do our best to accommodate your request.

*Records sent via U.S. mail do not include shipping time in the processing time. We cannot guarantee record delivery times via mail. For fastest processing, digital delivery or in-person pickup is recommended.

Format Requested: Digital Paper CT Disc (*only available for Halsted office pick-up or via mail*)

The records that I want include:

Check boxes or specify below

- Progress / Consult Notes
- CT Imaging Films – Cannot be sent digitally
- Imaging Reports
- Allergy Results
- Lab Reports

Dates of Service: _____

Provide specific dates, a range of dates, or all dates of service. If dates are not provided, Chicago ENT will release the last 5 years of your medical records.

- Audiology Results
- All Records
- Other (specify): _____

SIGNATURE OF PATIENT / LEGAL REPRESENTATIVE

DATE

If signed by a person other than the patient, state your relationship to the patient:

Chicago ENT will accept any written request from a patient for access to or copies of their own medical record. This form is not required. However, it provides all the needed information to correctly process your request.