



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Please submit this request to: medicalrecords@summitstonehealth.org

Client's Name (Please Print): _____ **Client's DOB:** _____ **Client MRN:** _____

Please indicate what PHI/medical record information is being requested:

<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Attendance Dates/Scheduling	<input type="checkbox"/> Intake	<input type="checkbox"/> Treatment Plan(s)
<input type="checkbox"/> Medications	<input type="checkbox"/> Lab Reports/VA-BA Results	<input type="checkbox"/> Demographics	<input type="checkbox"/> Housing/Employment Notes
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Psychiatric Progress Notes	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Therapy Progress Notes*

*These notes may contain sensitive health information and may require a meeting with therapist prior to release.

Other: _____

Date(s) of service: _____ to _____

SummitStone Health Partners ("SummitStone") will approve or deny this request within 30 days of receiving this properly completed form. If needed, SummitStone may extend this 30-day time period and you will receive notification. SummitStone requires the authorized individual requesting PHI, to show photo I.D. upon receiving information requested. Therapy Progress Notes may contain sensitive health information and may require a meeting with a therapist prior to releasing.

I choose the following method of access to the medical record:

- To receive only electronic copies on a flash drive
- To receive only electronic copies via Encrypted Email. **A copy of your photo ID is required at the time of request.**
 - Email Address: _____
 - Copy of photo ID Included in request Yes No
- For paper copies, please reach out to Medical Records at Medicalrecords@summitstonehealth.org or 970.494.9760

***Coming in 2024: Records can be requested and/or released via Patient Portal. Please reach out to Medical Records for more information.*

 Signature of Client or Client's Legal Guardian

 Date

 If not Client, Print Name

 Relationship to Client

Mailing Address:

Phone Number:

 Okay to leave voicemail? _____