



3425 S. Clarkson St.
Englewood, CO 80113
303-789-8232

Patient Request to Access Medical Records Form

Patient's Full Name:					
Street Address:					
City:		State:		Zip Code:	
Email Address:					
Phone #:			Date of Birth:	09/06/1964	
Last 4 of Social Security #:			Driver's License/State Issued ID #:		

1. I'm requesting access to/copies of the following: ☒ Medical Records ☐ Radiology Images on CD ☐ Other:	2. I would like to receive my records as follows: ☐ Mail to Above Address ☒ *Send Via Encrypted Email ☒ *Send Via Unencrypted/Unsecure Email ☐ Personal Pick Up ☐ Fax to: _____ <small>*Size limitations apply. If too large to email, a USB will be mailed.</small>	3. Choose one for medical records: ☒ Encrypted USB ☐ Encrypted CD ☐ Paper
☒ Send to Doctor, Hospital or Other:	Name: Legal-Ease Digital Imaging LLC Address: 2496 Meadowcroft Dr Burton, MI 48519 Phone: 855-534-4003 Fax: 810-547-4030 Email: pat.legalease@gmail.com	

Date(s) of Service/Treatment Associated with Request:			
Select the information you are requesting to view or obtain copies of:	☒ Entire Record ☐ Labs ☐ Urology ☐ Psychology ☐ Other:	☐ History & Physical ☐ Radiology Reports ☐ Team Conferences ☐ PT / OT / ST Initial & Discharge Evaluations	☐ Discharge Summary ☐ Consults ☐ Outpatient Records

I certify that this request to access health information is made voluntarily and that the information given above is accurate to the best of my knowledge.

Signature of Patient/*Legal Representative: _____ Date: _____

Print Name/Relationship: _____ Date: _____

*Note: If legal representative, provide a copy of the documentation that establishes you as the legal representative.

Craig Hospital Use Only:	Individual Who Received Request: _____	Date Request Received: _____
Verification of Identity: _____		
ROI #: _____ Medical Record #: _____		
Date Fulfilled (copies delivered/inspection complete): _____ Individual Who Fulfilled: _____		
☐ USB ☐ CD ☐ Faxed ☐ Mailed ☐ Emailed ☐ For Pick-up # of Pages _____ ☐ Radiology CD Qty: _____		
Patient Acknowledgement of Inspection (viewing only): _____ Date: _____		