Saint Alphonsus

Request for Access to Health Information in a Designated Record Set -- SAHS-1317

Name of Patient: _____ **Date of Birth:** _____

Patient's Address: _____

City, State, Zip_____ **Phone:**_____

I am requesting records from:	**Please deliver/direct the records requested below to:**
❑ Saint Alphonsus Regional Medical Center (Boise)	❑ Patient/Myself (see address above)
❑ Saint Alphonsus Medical Center – Nampa	❑ Other: Name: _____
❑ Saint Alphonsus Medical Center – Ontario	Mailing Address: _____
❑ Saint Alphonsus Medical Center – Baker City	_____
❑ Saint Alphonsus Medical Group _____	Phone:_____ Fax:_____
❑ South Nampa Neighborhood Hospital/Emerus	

I would like to receive my health information by the following method (choose one):

❑ Paper Copy ❑ Electronic–CD ❑ Review Only (By appointment) ❑ MyChart patient portal

❑ Electronic E-mail Link (personal e-mail address only) _____

(E-mail from webmaster@mrocorp.com for Records; or noreply@ambrahealth.com for Radiology Images)

I am requesting the following information from my designated record set:

TYPE/DATES OF SERVICE **Date Range:** _____ _____	❑ **Pertinent Record Set: (or only as specified):**	❑ **Outpt Diagnostic Test** (or only as specified)	❑ **Complete Medical Record** (Fees may apply)
❑ Inpatient/Outpatient Procedure	❑ Discharge Summary	❑ Laboratory	**Please Include:**
❑ Emergency Room	❑ History and Physical	❑ X-rays/CT Scans/MRI	❑ Radiology Images
❑ Outpatient Diagnostic Visit	❑ ER Physician Report	❑ Ultrasound	❑ CD
❑ Clinic Office Notes	❑ Consultations	❑ EKG/Vascular Study	❑ E-mail (see above)
❑ Other (specify):	❑ OP/Procedure Note	❑ Echocardiogram	❑ Itemized Billing Records
_____	❑ Pathology Report	❑ EEG	**Other Instructions:**
	❑ All outpatient diagnostic tests	❑ Sleep Study	
	❑ _____	❑ Pulmonary Test	
		❑ _____	

Charges for Access: We will not charge you for your first copy of your pertinent record set and/or outpatient diagnostic test results**.** If you ask us to copy your complete medical record, we may charge a reasonable fee as permitted by HIPAA Privacy regulations. Health Information Management utilizes a copy service, MRO, to complete most record requests. If MRO handles your request you will be invoiced directly by MRO. You may request to be notified of any charges for approval prior to having your records sent to you.

Information About Your Access Rights: Except under limited circumstances, we will provide you with the access to your records. We will respond to your request within 3 business days from the time we receive this completed form. In certain situations we may deny your request but if we do, we will tell you in writing of the reasons for the denial and explain your rights to having the denial reviewed.

I hereby request access to my health information as noted above maintained by Saint Alphonsus. I authorize the release of any information contained in the above records concerning treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological condition, psychiatric/mental health treatment and/or HIV-related conditions.

_____ _____

Signature of Patient or Personal Representative | Date

_____ _____

Printed Name of Personal Representative (if not signed by the patient) | Authority to Act as Representative (Documentation required)

☐ Mailed ☐ Pick up ☐ ID verified: Release by:_____ Date:_____

FIN:_____ROI LOG ID:_____

* R E L E A S E S H A R E *

Return Completed form to: Health Information Management Dept
Email: BO-HIM-ReleaseOfInfo@saintalphonsus.org

Non-Discrimination Notice

Saint Alphonsus Health System, Inc. honors the sacredness and dignity of every person, complies with applicable Federal civil rights laws, and does not discriminate on the basis of protected classes, including but not limited to age, race, skin color, national origin (including ethnicity, culture, or language), religion, physical or mental disability, socioeconomic status, or sex (including sexual orientation, gender identity, or gender expression).

Saint Alphonsus Health System, Inc.:

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as:**
  - Qualified sign language interpreters
  - Written information in other formats such as large print, audio, accessible electronic and other formats
- **Provides free language services to people whose primary language is not English, such as:**
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact our Community Services Coordinator at 1-866-727-6248.

If you believe that Saint Alphonsus Health System, Inc. has failed to provide these services or discriminated in another way on the basis of age, race, skin color, national origin (including ethnicity, culture, or language), religion, physical or mental disability, socioeconomic status, or sex (including sexual orientation, gender identity, or gender expression), you can file a grievance in person, by mail, fax or email to:

- Patient Relations Coordinator
  1055 N Curtis Road, Boise, Idaho 83706
- Phone: 208-367-6226 | Fax: 208-367-8181
- Email: BO-PatientRelations@saintalphonsus.org

If you need help filing a grievance the Patient Relations Coordinator is available to help you. You can also file a civil rights complaint with the US Department of Health & Human Services, Office for Civil Rights electronically via web, by mail or phone to:

- US Department of Health & Human Service 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201
- Web: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Phone: 1-800-368-1019 | TTY 1-800-537-7697

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Non-Discrimination Notice

Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات الترجمة اللغوية تتوافر لك بالمجان.
اتصل بالرقم: 1-866-727-6248 , (رقم هاتف الصم والبكم:1-844-801-7932)

Burmese

သတိ။ ။ သင် [ဗမာစကား] ပြောရင် ဘာသာစကားအတွက် အကူအညီပေးတဲ့ဝန်ဆောင်မှု အခမဲ့ရနိုင်ပါတယ်။ 1-866-727-6248 TTY: 1-844-801-7932 ကို ဖုန်းဆက်ပါ။

Chinese

注意：如果您使用繁體中文, 您可以免費獲得語言援助服務
。請致電 1-866-727-6248 TTY：1-844-801-7932。

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-727-6248. 2397-108-448-1. تماس بگیرید.

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-866-727-6248 ATS : 1-844-801-7932.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-727-6248 TTY: 1-844-801-7932 まで、お電話にてご連絡ください。

Karen

ဟ်သူဉ်ဟ်သး: မ့မ့ါနတဲတၢ်ပှၤကညီကျိာ်အကိးလီတဲစိနိဉ်ဂံၢ် 8426-727-668-1
TTY: 2397-108-448-1. မၤစၢၤနါသ့ဒီးစ့တလိဉ်ဘဉ်မ့အကလီ.

Kirundi

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-866-727-6248
TTY: 1-844-801-7932.

Korean

안내: [한국어] 를 사용하시는 경우 언어 지원 서비스를 무료 이용하실수 있습니다. 1-866-727-6248 (TTY : 1-844-801-7932) 로 전화해 주십시요.

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्
1-866-727-6248 टटिविइ: 1-844-801-7932 ।

Pashtu

خدمات مرستې وړيا ژبې د ،کوی خبرې ژبه پښتو په تاسو که :پاملرنه
ونیسی اړیکه شمیری دی په .دي چمتو ته تاسو

Romanian

Atentie: Daca vorbesti [Romania], serviciul de asistanta lingvistic, fara plata, este la indemana ta (disponibil). Suna la Telefonul acesta 1-866-727-6248 sau 1-844-801-7932

Russian

ВНИМАНИЕ: Если вы говорите на русском языке,
то вам доступны бесплатные услуги перевода.
Звоните 1-866-727-6248 телетайп: 1-844-801-7932.

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-727-6248 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-844-801-7932.

Somali

DIGNIIN: Haddii aad ku hadasho [luqadda ku dar], adeegyada ka caawinta luqadda, oo lacag la'aan ah ayaa laguu heli karaa. Wac 1-866-727-6248 (TTY: 1-844-801-7932).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-727-6248 TTY: 1-844-801-7932.

Swahili

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-866-727-6248 TTY: 1-844-801-7932.

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال
1-866-727-6248 کریں 1-844-801-7932

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-866-727-6248 TTY: 1-844-801-7932.

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10 – 2022