

Kodiak Island Ambulatory Care Clinic, Inc.

202 Center Ave., Suite 102

P.O. box 8170

Kodiak, AK 99615

(907)486-6188 Phone

(907)486-6146 Fax

REQUEST TO COPY/SEND MEDICAL RECORDS – PROTECTED HEALTH INFORMATION

FROM: DR. KOLLER / KIACC Inc _____

ENTITY OR PHYSICIAN

TO. _____

ENTITY OR PHYSICIAN

Information Requested for the following purpose:

Patient Treatment

Payment/Billing

Healthcare Operations

Today's Date _____

Patient Name _____ DOB _____

Date(s) of Requested Service(s): _____

Information Requested By/Contact Person: _____

Medical Records Information Requested: All Medical Records
Other: _____

Medical Records Needed By:

ASAP

Date of Patient Appointment: _____

Date Needed: _____

Please Send Via: Fax to# _____

Will Pick-Up

Mail to Address: _____

*****Completed by Patient*****

Patient Signature: _____ Date: _____

(By signing, person also acknowledges that there may be a customary fee for copy and release of records)

Witnessed By: _____ Date: _____

Section 164.506 of the HIPPA Privacy Regulations states a covered entity is not required to obtain a patient authorization to use or disclose PHI for treatment ,payment, or its own health care operations.