



### Patient Request for Health Information

**Patient Information:**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous name(if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**I would like records from this specific Hospital, Clinic, or Provider:**

**CentraCare or Carris Health**

**Date(s) of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ (if not specified, most recent will be sent)

**Information Requested:**

- History and Physical       Pathology Reports       Radiology Reports       Discharge Summary
- Consult Reports       Emergency Room Notes       Laboratory Reports       Progress Notes
- Operative/Procedure Notes       Assessment/Evaluation       Immunizations

Other (please specify): **COVID-19 TEST RESULTS**

**Format Requested:**

Paper       CD       My Chart (If you do not have an account, please visit CentraCare.com)

Email \_\_\_\_\_  
(By choosing this option, I acknowledge there may be security risks to my health information while in transit)

Other (please specify) \_\_\_\_\_

**I would like my records sent to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address (If requested format): \_\_\_\_\_

\_\_\_\_\_  
**Patient or Personal Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Relationship to Patient**

*CentraCare recognizes a patient's right under HIPAA to access copies of their health information. There may be a charge associated with processing a request and producing requested records.*





## Instructions

Please complete this form in its entirety so that we can properly identify you, the information you are requesting, as well as how and where you would like it sent. Be sure to sign and date the bottom before sending it to one of the following sites or emailing to [CentraCareRecordRelease@CentraCare.com](mailto:CentraCareRecordRelease@CentraCare.com):

If you are requesting records from...	Please send your completed form to...
St. Cloud Hospital Services Recovery Plus Programs Clara's House Wound Center	<b>CentraCare St. Cloud Hospital</b> Attn: Health Information Management Department 1406 6 <sup>th</sup> Ave N St. Cloud, MN 56303 Ph: 320-255-5624 Fax: 320-255-5739
Albany Clinic Benton County Jail Medicine Coordinated Care Clinic Heart & Vascular Center Northway Clinic River Campus Clinics St. Joseph Clinic Stearns County Jail Medicine Becker Clinic Big Lake Clinic Eye Clinic Midsota Plastic Surgery Quick Clinics St. John's Clinic Sleep Center Urology Clinic	<b>CentraCare River Campus</b> Attn: Health Information Management Department 1200 6 <sup>th</sup> Ave N St. Cloud, MN 56303 Ph: 320-240-7872 Fax: 320-255-5691
CentraCare Plaza Clinics St. Cloud Medical Group Southway Rehabilitation Sartell Behavioral Health Midwest Occupational Medicine Child Advocacy Center	<b>CentraCare Plaza</b> Attn: Health Information Management Department 1900 CentraCare Circle St. Cloud, MN 56303 Ph: 320-229-4937 Fax: 320-229-5151
Sauk Centre Clinics and Hospital Paynesville Clinics and Hospital Belgrade Clinic Eden Valley Clinic Richmond Clinic	<b>CentraCare Sauk Centre</b> Attn: Health Information Management Department 425 Elm Street N Sauk Centre, MN 56378 Ph: 320-352-2221 Fax: 320-351-1740
Long Prairie Clinics and Hospital Eagle Valley Clinic Melrose Clinics and Hospital	<b>CentraCare Long Prairie</b> Attn: Health Information Management Department 50 CentraCare Drive Long Prairie, MN 56347 Ph: 320-732-7258 Fax: 320-732-7322
Family Health Clinic	<b>CentraCare Family Health Clinic</b> Attn: Health Information Management Department 1555 Northway Drive, Suite 200 Saint Cloud, MN 56303 Ph: 320-240-3157; Fax: 320-240-3164