

# REQUEST FOR HEALTH RECORDS

Oregon Imaging Centers respects your right to access your health information per state and federal regulations. **One copy for your personal records is provided free of charge. A \$10 fee may apply for additional copies.**

Please note that electronic records are available only when the health information is maintained electronically.

LAST NAME	FIRST	DATE OF BIRTH
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I am requesting the following medical records for my personal use. Exam Date: \_\_\_\_\_

**CHECK ONE BOX FOR PREFERRED FORMAT**

1.  Electronic Report                      **OR**                       Report and Images

Secure Sent System used to: E-mail Address \_\_\_\_\_

2.  Hard copy Radiology Report                      **OR**                       CD (includes electronic report and images)

- Please mail requested records to:

STREET ADDRESS		
CITY	STATE	ZIP CODE

- I will pick-up the requested records at the following location:

- University District                       RiverBend Pavilion

**Picture ID – government or school ID required at time of pick-up, or include a copy with form.**

▶ \_\_\_\_\_ DATE  
(SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT)

▶ \_\_\_\_\_ RELATIONSHIP TO PATIENT  
(PRINT NAME OF PERSON AUTHORIZED TO SIGN FOR PATIENT)

FOR OREGON IMAGING CENTERS' USE ONLY		
DATE RECEIVED	BY	VERIFICATION OF IDENTITY AND/OR AUTHORITY
COMPLETED BY (EMPLOYEE SIGNATURE)		DATE