ROPER ST. FRANCIS

PATIENT REQUEST FOR ACCESS FORM

This form may be used when a patient requests a copy of their information for themselves, for another provider, or for family member or friend. All other requests should be submitted on Authorization to Release of Protected Health Information Form.

I am a patient of Roper St. Francis Healthcare and my information is listed below:

Patient Name: _____ Date of Birth: _____

Street Address: _____ Last 4 numbers of SSN: _____

City, State, Zip: _____ Telephone: _____

Email address: _____

By providing your email address, you acknowledge and accept the risks outlined in Guidelines for E-mail with Patients, posted on rsfh.com.

I would like for (check all that apply): ☐ Roper Hospital ☐ Bons Secours St. Francis Hospital ☐ Mt. Pleasant Hospital

Choose one:

- ☐ **Give me a copy of my health information, or**
- ☐ **Send my records to:**

_____
(Name of Person, Facility, Company) (Street Address or PO Box, City, State, Zip Code)

_____
(Phone Number) (Fax Number)

_____
(E-mail Address)

I would like these dates of service to be released: _____

I want these parts of my record to be released (check all that may apply):

☐	Hospital Summary	☐	Emergency Services Record
☐	Discharge Summary	☐	Operative Report
☐	History and Physical	☐	Laboratory Report
☐	Entire Records	☐	Radiology/X-Ray Reports
☐	Itemized Bill	☐	Other _____

I want these records in the following format (choose one): ☐ Thumb Drive ☐ CD ☐ E-mail ☐ Paper ☐ Other _____

I want you to send the records by (choose one): ☐ Mail ☐ Secure E-mail ☐ Fax ☐ Prepare them to be picked up by_____

As an alternative, you may schedule an appointment with your healthcare provider's office to see your record in person. Please note it may take up to 30 days to schedule the appointment or provide copies.

Signature: _____ **Print Name:** _____

Relationship to Patient: _____ **Date:** _____

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign for the patient (written proof may be requested).

RETURN COMPLETED FORM IN PERSON, BY MAIL OR BY FAX WITH A COPY OF YOUR VALID PHOTO I.D.

Roper Hospital	**Bon Secours St. Francis Hospital**	**Mt. Pleasant Hospital**
Attn: Medical Records Department	Attn: Medical Records Department	Attn: Medical Records Department
316 Calhoun Street, Charleston, SC 29401	2095 Henry Tecklenburg Drive, Charleston, SC 29414	3500 Hwy 17 N, Mt. Pleasant, SC 29466
Ph: (843) 724-2290 Fax: (843) 720-8323	Ph: (843) 402-2022 Fax: (843) 402-1544	Ph: (843) 606-7575 Fax: (843) 606-7914

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