CENTENNIAL HEALTH

Patient Request for Health Information

Patient Information (Please Print):

First Name:	Middle Name:	Last Name:	
Name at Time of Treatment (if different than above):			
Date of Birth (MM/DD/Year):	Home Phone:	Cell Phone:	
Street Address:	City:	State:	Zip:

What records do you want? (Check appropriate boxes below):

☐ Date(s) of Service _ _/_ _/_ _ *through* _ _/_ _/_ _	Provider Name:
☐ Specific Problem or Diagnosis:	
☐ Other (Vacination Record, Lab Work, Entire Chart):	

**My medical information may indicate that I have a communicable and/or non-communicable disease which may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, or HIV or AIDS and/or may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.*

** This release is valid only for the services I have indicated. I have the right to revoke this request at any time prior to the actual release of records.*

**I understand that Centennial Health is not responsible for the use or disclosure of the records after they have been released to the designated person or Organization.*

Where do you want the information sent? (Fill in all information below):

I am requesting the above noted records be released to ☐ Me ☐ Person/Organization Specified Below

Person or Organization to receive records:			
Recipient Phone Number:	Recipient Fax Number: (Healthcare Provider Only)		
Street Address:	City:	State:	Zip:

If you are picking up your records, please indicate which location you will pick them up at:

☐ Downtown ☐ Midwest City ☐ Edmond

☐ I am out of the area and will pay postage for records to be mailed to me at my address above.

**There may be charges associated with processing a request and producing requested records pursuant to 45 CFR164.524(c)(4)*

Signature of Patient or Parent/ Legal Guardian/Representative **Date**

Print Name **Relationship to Patient**

Return form to: Centennial Health, Attn: Medical Records 1720 NE 23rd Street, Oklahoma City, OK 73111

OR Fax Request to: 405-280-5553