



Chase County Community Hospital

Patient Request for Health Information

Patient Information (Please Print)

First Name:	Middle Initial:	Last Name:	
Name at Time of Treatment (if different than above):			
Date of Birth:	Phone:	E-mail (Optional):	
Street Address:	City:	State:	Zip:

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

Dates of Service: _____

- Discharge Summary
 Emergency Room Records
 Operative/Procedure Reports
 H&P
 Office Notes
 Test Results (X-rays, Lab/Pathology Results)
 Immunization Records
 Other (please specify) _____

How would you like your records delivered?

- Paper
 Home Delivery
 In-Person Pickup
 Electronic (Email, USB, CD, Portal Other) Please specify: _____

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

Chase County Community Hospital should provide my records to: Self Personal Representative (indicated below)

Recipient Name:	Recipient Phone:
Recipient Mailing Address:	Recipient Fax:
	Recipient E-mail (if applicable)

Please print your name and sign below:

Name of Patient or Personal Representative (please print)	Relationship (please print)
Signature of Patient or Personal Representative	Date/Time

Please return completed form to:

Chase County Community Hospital
 600 West 12th Street
 Imperial, NE 69033

E-mail: him@chasecountyhospital.com
 Fax: 308-882-7341
 Questions?: 308-882-7336

Chase County Community Hospital recognizes a patient's right under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing requested records.