

Saint Therese Home, Inc. » 8000 Bass Lake Road » New Hope, MN 55428

RESIDENT REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

Resident Name _____ Medical Record # _____

Other Name(s) _____ DOB _____ Social Security # _____

I request that St. Therese provide me with access to my personal health information as checked below:

- Medical Records
- Billing Records
- Other _____

I request access to my health information covering the dates _____ through _____.

Access Requested

- Copies of requested information

I understand that St. Therese may charge a fee for the costs of copying, mailing or other supplies associated with my request. **Please allow staff three days to complete request**

Please mail information to: _____

- Inspection of my health information at the facility

Please contact _____ to arrange a mutually convenient time for
(Name of facility contact)
inspection.

(Address)

(Phone Number)

Signature of Resident/Responsible Party

Relationship to Resident if Signed by Resp Party

Date of Resident's Responsible Party's signature

Reason Resident Unable to Sign