



Presbyterian  
Intercommunity  
Hospital

12401 Washington Blvd.  
Whittier, CA 90602-1006  
562-698-0811  
TDD 562-696-3967

### Request For Access To Protected Health Information - Radiology



ACT:

MR:

DOB:  
ADM:

I hereby request Presbyterian Intercommunity Hospital and/or S. Mark Taper Foundation A Day Away Adult Day Healthcare to provide access to the protected health information of:

Patient \_\_\_\_\_ MR# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

Approximate date of treatment \_\_\_\_\_

Physician's Name \_\_\_\_\_

	Patient		Conservator of the person, psychiatric*
	Parent of minor patient		Attorney-in-fact under durable power of attorney for health care law*
	Guardian of minor patient*		Beneficiary of deceased patient
	Conservator of the person*		Personal representative of deceased patient

The type of access requested is: (please check one)

- Personal inspection of the record on site
- Copies of the record, as follows:
  - Radiology image copies and reports
  - Radiology report only

Please indicate the means by which you wish to obtain a copy of the requested information:

- Regular mail – Address \_\_\_\_\_
- Fax – Number \_\_\_\_\_
- Pick up

If mailed please indicate mailing address:

\_\_\_\_\_



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#### SIGNATURE:

Date \_\_\_\_\_

Time \_\_\_\_\_ AM/PM

Signature \_\_\_\_\_

Patient / Legal Representative

If signed by someone other than the patient state your legal relationship to the patient.

Relationship \_\_\_\_\_

Witness \_\_\_\_\_

(If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law prohibits recipients of your health information from re-disclosing such information except with your written authorization or as specifically required or permitted by law.)