

# Patient Request for Medical Records

If you want a copy of your medical records from HealthNet for yourself and no other person or company, please fill out this form.

## Patient Information

Last name First name MI Last 4 digits of Social Security # Date of Birth Phone Address

**I want records from:** / / **to** / / **or**  **All dates**

* Provider notes  Billing records  Labs/X-Ray  Ultrasound  Immunizations (Shots)
* Other tests/records  Consultations  Entire medical record

**Special Consent Section:** *(Per IC-16-39-2. This special permission is valid for 180 days.)*

* Behavioral Health/Counseling records  Communicable disease testing (like STIs)
* HIV results  Genetic records  Alcohol, drug, or substance abuse records

**How do you want the records sent? *(check one):***  Paper  CD/Electronic format

* E-Delivery *(secure link)* Email:

Printed name of person completing form

Signature of Patient/Legal Representative Date Relationship to Patient

**Fax Number:**

|  |  |
| --- | --- |
| **Pick my records up from:** |  |
|  Barrington Health & Dental Center | 3401 E. Raymond Street | Indianapolis, IN 46203 | 317-957-2120 |
|  Care Center at the Tower\_\_\_\_ HealthNet Bloomington Health Center  | 1633 N. Capitol Ave., Suite 500811 W. 2nd. St.  | Indianapolis, IN 46202Bloomington, IN 47403  | 317-275-3655812-333-4057 |
|  Homeless Initiative Program | 2944 Clifton Street | Indianapolis, IN 46208 | 317-957-2280 |
|  Martindale-Brightwood Health Center | 2855 N. Keystone Ave., Suite 100 | Indianapolis, IN 46218 | 317-957-2320 |
|  Northeast Health Center | 3908 Meadows Drive, Suite 1 | Indianapolis, IN 46205 | 317-957-2160 |
|  Pediatric & Adolescent Care Center | 1633 N. Capitol Ave., Suite 236 | Indianapolis, IN 46202 | 317-275-3640 |
|  People’s Health & Dental Center | 2340 E. 10th Street | Indianapolis, IN 46201 | 317-957-2220 |
|  Southeast Health & Dental Center | 901 Shelby Street | Indianapolis, IN 46203 | 317-957-2420 |
|  Southwest Health & Dental Center | 1522 W. Morris Street | Indianapolis, IN 46221 | 317-957-2520 |
|  West Health Center | 6029 W. 10th Street | Indianapolis, IN 46224 | 317-275-3635 |
| **Staff Use Only:** |  |  |  |
| Received by:  Email  Fax  Mail  In Person (name of staff who witnessed):  |

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# Solicitud de los registros médicos para el paciente

Si necesita una copia de sus registros médicos de HealthNet solo para usted, no para otra persona ni compañía, complete este formulario.

## Información del paciente

Apellido Primer nombre Inicial seg. nom. Últimos 4 dígitos del n.° de Seguro Social Fecha de nacimiento Teléfono Dirección

**Deseo los registros del:** / / **al** / / **o**  **Todas las fechas**

|  |  |  |
| --- | --- | --- |
| * Notas del proveedor
 | * Registros de facturación
 | * Análisis de laboratorio/radiografías
 |
| * Ecografía
 | * Inmunizaciones (vacunas)
 | * Otras pruebas/registros
 |
| * Consultas
 | * Registro médico completo
 |  |

**Sección de consentimiento especial:** *(Conforme al IC-16-39-2. Este permiso especial es válido durante 180 días).*

* Registros de salud conductual/asesoramiento  Análisis de enfermedades contagiosas (como ETS)
* Resultados de VIH  Registros genéticos  Registros de abuso de sustancias, drogas o alcohol

**Método solicitado *(marque uno):***  Impreso  CD/Formato electrónico  Oral

* Entrega electrónica *(enlace seguro)* Correo electrónico:

Nombre de la persona que completa el formulario en letra de imprenta

Firma del paciente/representante legal Fecha Relación con el paciente

|  |  |  |
| --- | --- | --- |
| **Recoger mis registros de:** |  | **Número de fax:** |
|  Barrington Health & Dental Center 3401 E. Raymond Street | Indianapolis, IN 46203 | 317-957-2120 |
|  Care Center at the Tower 1633 N. Capitol Ave., Suite 500 | Indianapolis, IN 46202 | 317-275-3655 |
| \_\_\_\_ HealthNet Bloomington Health Center 811 W. 2nd St.  Homeless Initiative Program 2944 Clifton Street | Bloomington,IN 47403Indianapolis, IN 46208 | 812-333-4057317-957-2280 |
|  Martindale-Brightwood Health Center 2855 N. Keystone Ave., Suite 100 | Indianapolis, IN 46218 | 317-957-2320 |
|  Northeast Health Center 3908 Meadows Drive, Suite 1 | Indianapolis, IN 46205 | 317-957-2160 |
|  Pediatric & Adolescent Care Center 1633 N. Capitol Ave., Suite 236 | Indianapolis, IN 46202 | 317-275-3640 |
|  People’s Health & Dental Center 2340 E. 10th Street | Indianapolis, IN 46201 | 317-957-2220 |
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|  Southwest Health & Dental Center 1522 W. Morris Street | Indianapolis, IN 46221 | 317-957-2520 |
|  West Health Center 6029 W. 10th Street | Indianapolis, IN 46224 | 317-275-3635 |
| **Solo para uso del personal:** |  |  |
| Recibido por:  Correo electrónico  Fax  Correo postal |  |  |
| □En persona (nombre del miembro del personal que fue testigo):  |

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