



3009D

PATIENT REQUEST FOR PROTECTED HEALTH INFORMATION

FROM WHOM (Specify clinic, specialty, or physician below.)

- Loma Linda University Medical Center (LLUMC)
- Loma Linda University Health Care (LLUHC)
- Loma Linda University (LLU)
- Loma Linda University Children's Hospital (LLUCH)
- Loma Linda University Medical Center - Murrieta (LLUMC-M)
- Other (Specify Provider/Facility) _____

RELEASE INFORMATION TO:

Name of Person / Facility to Release Health Information				Email	
Phone	Street Address	City	State	Zip Code	

INFORMATION TO BE RELEASED:

Dates of Treatment/Date Range: _____

Discharge Summary
 Standard Pertinent Documents
 Diagnostic/Test Reports
 Diagnostic Images
 Clinic Notes
 Other, Specify _____
 I specifically authorize the release of:
 HIV Test Results
 Substance use
 Behavioral Health Records
 Reproductive Health Records (that may include information on abortion or abortion-related services)
 Purpose of the request: Continued Care - Next Appointment Date: _____ Personal Use

RELEASE FORMAT

Electronic: No cost (please check one of the delivery options below)
 Encrypted email
 MyChart**
 Fax Number (Not for Patients): _____

Patient Name (Last, First, MI) _____ Last four digits of SS#: _____
 Birth Date ___/___/___ Phone Number:(___) _____ - _____ Email: _____
 Date: ___ / ___ / ___

Signature, Patient or Legal Representative



Loma Linda University
 Loma Linda University Medical Center
 Loma Linda University Children's Hospital
 Loma Linda University Health Care
 Loma Linda University Medical Center - Murrieta
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 HEALTH INFORMATION**

PATIENT IDENTIFICATION

PATIENT REQUEST FOR PROTECTED HEALTH INFORMATION

Legal Representative Name (Last, First, MI)

Relationship to Patient
(if signed by Legal Representative)

Signature of Minor age 12 – 17 required for authorizing the release of their sensitive records (i.e., HIV, Mental health, Substance Abuse, Reproductive health, etc.)

Printed Name

** Who can request records in MyChart:

If you are a proxy to a patient's MyChart account please refer to our website

<https://lluh.org/patients-visitors/patients/medical-records> for info in obtaining these records.

NOTE: There may be charges associated with processing a request and producing requested records

Page count	Fee	Per Page Cost	Postage
1-5	-	-	+postage
6-24	\$6.00	-	+postage
>26	\$6.00	\$.01¢	+postage



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