Mind Springs Medical Records 515 28 3/4 Road Grand Junction, CO 81501 Phone: (970) 683-7252

CLIENT/PATIENT REQUEST FOR RECORDS

** This form is to be completed by a client/patient, or a person legally authorized to act on the client/patient behalf, when they are requesting access to their own medical, clinical or business records.**

| Date: | Client ID Number: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Client Name: | Date of Birth: |
| Mailing Address: | 7. 0 1 |
| Phone Number: | |
| I wish to access the following types of records: West Springs Hospital Transitions at West Springs Mind Springs Health Outpatient Other Dates of service for requested records: From: This is a standing request to receive updates on my rec (I understand I must notify Medical Records to receive my records) Please give a brief explanation for this request: | Medical Only (Med Management, Diagnostic Eval) Clinical Only (Clinical Assessment, Therapy/DAP Notes) Billing/Financial All Records To: |
| | |
| | |
| | |
| When access is granted, how would you like to receiveIn PersonCertified Mail Send them to someone else: | |
| (You <u>must</u> fill out an Authorization for this option!) | |
| part, because of a potential risk to me or to someone e | pe denied the ability to inspect or obtain my records, in whole or in else, or for legally permissible reasons. Medical Records will inform made in regards to this records request, the reason for the denial, |
| Signature of Requester: | Relationship to Client: |
| Driet Name | |

Processing Hours for Records Requests: Mon—Fri 8:30—4:30
Please allow up to 30 days for Medical Record processing