

# Morton Pharmacy

## REQUEST TO ACCESS AND CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

**PURPOSE:** To request the release of Protected Health Information (PHI) to the patient or authorized agent of the patient as designated below.

I, \_\_\_\_\_, date of birth, \_\_\_\_\_,  
**Print Name of Person Requesting Information**

am requesting **Morton Pharmacy** provide me a copy of my PHI for:

\_\_\_\_\_, date of birth, \_\_\_\_\_,  
**Print Name of Person Receiving PHI if Different Than Above**

I am requesting the following PHI (check only those that apply):

- PRESCRIPTION MEDICATION ACTIVITY INFORMATION
- PRESCRIPTION EQUIPMENT or DEVICE ACTIVITY INFORMATION
- PATIENT DEMOGRAPHIC INFORMATION
- BOOKKEEPING / ACCOUNTING ACTIVITY INFORMATION
- CURRENT INSURANCE INFORMATION (FOR THE DATE OF REQUEST)
- OTHER (SPECIFIC DETAIL REQUIRED) \_\_\_\_\_

My relationship with person for whom the PHI is being requested is:

A unique copy of this release must be completed for any given 12 month period. The specific time period for this records request is(no future dating allowed): \_\_\_\_\_ to \_\_\_\_\_.  
**Date Date**

This disclosure is being made for the purpose(s) of:

I certify the records being requested are my own personal records or I have the patient's authorization to request these records. I certify the records obtained are done so in good moral character and without malicious intent.

Your request for information will be completed within 30 business days. The information may be obtained here at the pharmacy or mailed (note address below) to you at your request. This form must be completed in it's entirety (no blank lines) and returned to begin processing information. Failure to return this form will result in your request not being processed. Thank you for your patience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth of Signer \_\_\_\_\_

Mailing Address (Must match requesting person above): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Staff Initial \_\_\_\_\_

Date Furnished/Mailed \_\_\_\_\_ Staff Initial \_\_\_\_\_