

**PACIFIC GYNECOLOGY SPECIALISTS, PC**

1101 MADISON, SUITE 1500  
SEATTLE, WA 98104

REQUEST TO ACCESS MEDICAL RECORDS

FAX # (206) 965-1736

PHONE # (206) 965-1700

TODAY'S DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_

DESCRIBE THE INFORMATION THAT YOU WOULD LIKE TO ACCESS (E.G., PHYSICIAN NOTES RECORDING OF LAB TEST RESULTS, X-RAYS, ETC.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ON WHAT DATE(S) WAS THE CARE THAT IS DESCRIBED PROVIDED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK THE METHOD OF ACCESS THAT YOU DESIRE:

\_\_\_\_\_ IN PERSON (I.E., YOU COME INTO OUR OFFICE TO VIEW THE RECORDS)

\_\_\_\_\_ COPIES (FIRST COPY IS FREE OF CHARGE; ANY ADDITIONAL REQUESTED COPY OF MEDICAL RECORDS WILL COST \$23.00 FOR AND ADMINISTRATION FEE AND \$1.02 CENTS PER PAGE FOR THE FIRST 30 PAGES AND .78 CENTS PER PAGE AFTER THAT. YOU WILL BE INFORMED OF AND BILLED FOR THESE CHARGES PRIOR TO PICKING UP OR MAILING OUT OF THE RECORDS.)

PLEASE LIST SHIPPING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IF YOU ARE REQUESTING YOUR ENTIRE MEDICAL RECORD, OR THE RECORD OF A COURSE OR TREATMENT (I.E., THE RECORDS RELATED TO TREATMENT) WE WILL PROVIDE A SUMMARY OF THOSE RECORDS IN LIEU OF THE RECORDS THEMSELVES AT YOUR REQUEST. THERE WILL BE A CHARGE FOR THE COST ASSOCIATED WITH PREPARING THE SUMMARY. YOU WILL BE INFORMED OF AND BILLED FOR THESE CHARGES PRIOR TO SHIPPING. **PLEASE ALLOW 5—10 BUSINESS DAYS FOR REQUESTING RECORDS.**

IF YOU ARE NOT THE PATIENT, PLEASE FILL IN THE FOLLOWING:

NAME: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

PHONE # (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**