

Completing the **Patient Request for Access Form**

- *Complete the form in its entirety*
- *Charges may apply, so be specific with what you are requesting*
- *If transferring care to another physician we will routinely send the last two years of kept appointments and include all physician office notes and diagnostics. Be specific if you need a longer date range or documentation of a specific condition*
- *If you want your records picked up, faxed or mailed to someone other than yourself, be specific with your instructions. If records are to be picked up by a person other than yourself, they need to be prepared to show identification*
- *The request will automatically expire 60 days from the date you sign it. We need at least 30 days to complete the request unless special circumstances apply*
- *If your medical record contains sensitive information, you must initial that paragraph on the form if you want that data to be included*
- *To maintain your privacy, South Bend Clinic will not email records to a personal email address; however, if you desire to receive information electronically, we can accommodate that safely through our release of information vendor's Portal. In this case, you must provide your email address on the "Disclose to:" line*
- *For questions concerning form completion please call (574) 237-9307 or (574) 237-9223*