ARIZONA BLOOD & CANCER SPECIALISTS
A Partner of OneOncology

Patient Request for Access/Copy of Medical Record

Note: Patients requesting a copy of their Medical Record must submit this completed form.

Patient Information

Name (First/Mid/Last): _____

Address: _____

_____

Phone (Home):_____ (Mobile): _____

Date of Birth: _____

I hereby request access to a copy of my Medical Record.

☐ **SELF**

☐ **PICK UP**

☐ **MAIL**

I request that my record be delivered to the following person at the address below.

RECORDS GOING TO:

Person/Practice Name: _____

Address: _____

_____

Phone: _____ (FAX): _____

ARIZONA BLOOD & CANCER SPECIALISTS

A Partner of OneOncology

I understand that my Medical Record will be provided in a paper copy unless another format is requested by me. I also understand that Arizona Blood and Cancer Specialists may charge the reasonable actual costs for copying and delivery of the requested records.

I also understand that if I request an electronic copy, delivered either by mail or electronically, then the copy will be provided in an encrypted format with the decryption key delivered separately. If I refuse encryption of my electronic information, I understand that my electronic record will not be secure and I hereby release and forever waive any claims that may arise or that I may have had at any time with regard to an unsecure copy of my electronic health record or health record, Arizona Blood and Cancer Specialists is released from any obligations or liability arising under any federal or state law.

_____
(Date)

_____
(Signature of Individual or Patient Representative)

If signed by a personal Representative, please complete the information below:

If you are signing as a Power of Attorney, Legal guardian, Executor or Administrator, attach a copy of the legal documents. You do **NOT** have to attach copies of these documents if they are already on file with Arizona Blood and Cancer Specialists.

_____ _____
Personal Representative's Name **Relationship to Individual**

_____ _____
Personal Representative's Address **City, State, Zip**

_____ _____
Personal Representative's Telephone Number **Personal Representative's Email Address (optional)**