



REQUEST FOR PROTECTED HEALTH INFORMATION

Patients and Families:

As a patient (or patient's legal representative), you have the right to request a copy of your record. This request may include the entire record or only a portion of the record designated by you.

The following documents are needed to release requested information:

- A. Completed and signed Authorization Release of Medical Information Form
- B. A copy of your valid legal identification ***(used for verification)***
- C. **FEE:** Administrative processing/CD or DVD/FedEx mailing Fee (Please send \$15.00 check payable to Kentfield hospital). The CD/DVD will be password protected. **(For Paper record: \$0.25 per page plus cost of administrative processing and FedEx mailing charges. Invoice will send to you with the copy of the requested record)**
- D. **Patient's Legal representative:** Authorization (signature) from patient or patient's legal representative, supporting documentation (Letter of Guardianship, Conservatorship, Executor of Estate, Death Certificate, DPOA for Healthcare, proof of patient's legal representative, etc.) ***In certain situations, next of kin may sign (copy of Death Certificate required).***

It is important to know that we need a written request signed by you in order to process any requests. We have a request/authorization form that you can complete. Be sure to include the following:

- That you are requesting (I authorize:) your records from **Kentfield Hospital Kentfield, California**
- Specify the dates of your stay (or dates you are requesting)
- Include where you'd like the record sent (name, phone number, mailing address)
- List of documents you are wanting copies of (please be specific)
- Date of request
- Your signature
- Your phone number for any questions we may have

The security and privacy of your protected health information (PHI) is of the utmost importance to us. Therefore, it is imperative that you sign and date the request and include a copy of a valid government issued picture ID.

If you require assistance with and or have additional questions regarding completing the form, contact Health Information Management at **(415) 688.3215**. However, once the form is completed you may **fax the documents to (415) 688.3216** or mail the completed form, documents and check to:

**Kentfield Hospital, Attn: Health Information Management
450 Staynan Street, 6th Floor
San Francisco, CA 94117**

Often, patients ask whether their primary care physician (PCP) or other medical providers receive information regarding their care at Kentfield Hospital. Medical information including a History and Physical, Physician Discharge Order(s), and Physician Discharge Summary are routinely shared on discharge with your medical team to support continuity of care. If there is a particular physician that you wish to receive information, please talk to your case manager. These requests will be processed at no charge to you.

Please note that we do not disclose PHI over the telephone. Our processing time is approximately 15 days of receipt of the request.