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PATIENT NAME (PLEASE PRINT)		PATIENT DATE OF BIRTH

**RECORDS ARE AVAILABLE BY THE FOLLOWING MEANS:**

- Receive records electronically on your Patient Portal account – Safest and quickest method
- Receive a **paper** copy through the U.S. Mail
- Paper copy picked up from the main Granite Peaks Gastroenterology clinic in Sandy

**My Protected Health Information, as follows:**

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|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Prescriptions</li> <li><input type="checkbox"/> Laboratory reports</li> <li><input type="checkbox"/> Notes on medical progress</li> <li><input type="checkbox"/> Procedure reports</li> <li><input type="checkbox"/> Other: please specify below:<br/>_____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> X-rays, MRIs and/or other imaging reports</li> <li><input type="checkbox"/> Pathology reports</li> <li><input type="checkbox"/> Billing, Explanation of Benefits &amp; Payments</li> <li><input type="checkbox"/> Record &amp; notes from one office visit or one procedure. Date of visit or procedure<br/>_____</li> </ul> |
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**Records to be picked up by:**

Name	Relationship to Patient

Signature of person who picked up records	Printed name of person picking up records

Date records picked up \_\_\_\_\_

**Records to be Mailed to the following address:**

Name of patient or patient’s representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>Patient or Representative Signature</b>	<b>Date of Request</b>
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**NOTE:** We will respond as quickly as possible. Federal law permits us 3 days to provide electronic access or up to 30 days for hard copies once documents are available. If any part of this request is denied, we will inform you in writing, noting the reason for the denial and your right to seek a review of our decision.

**Granite Peaks Gastroenterology**  
**1393 E. Segó Lily Dr., Sandy, UT 84092**  
**Ph: 801-619-9000, Fax: 801-619-9001**