



# Patient Records Request

To activate the Patient Records Request, the patient must do the following:

1. Complete this form and have signature notarized. This can be sent to HealthConnections using USPS mail, Fax (315) 407-0053 or via email to [support@healthconnections.org](mailto:support@healthconnections.org).
2. Patient may make an appointment with a Compliance Officer or Manager at HealthConnections to be seen at one of our offices. They can reach us at 315-671-2241 extension 5 or message our support staff at [support@healthconnections.org](mailto:support@healthconnections.org) to schedule. During their appointment they will need to provide a Photo ID and complete the form to request a Patient Records Request.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Send records to the following:** Use a separate sheet if additional recipients are required and for any specific instructions.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Email (if requesting an electronic copy): _____	Email (if requesting an electronic copy): _____

Document (PDF)	XML File	Document (PDF)	XML File
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Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Notary Public Use:* State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public Printed Name: \_\_\_\_\_ (Stamp or seal)  
 Notary Public Signature: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

You have the right to your own health data and to decide who it is shared with. If you choose to share your data with a health app, your health data may no longer be protected under state and federal privacy laws and the app may use your health data however it decides, putting your information at risk of being used in a way that violates your privacy. Find out more about sharing your health information by visiting:

**Cures Act:** <https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>  
**Information Blocking Rule:** <https://www.healthit.gov/curesrule/>