



- RIVERSIDE • SAFE HARBOR • PEARL STREET • SCHOOL-BASED DENTAL CENTER •
- CHAMPLAIN ISLANDS • SOUTH END • GOOD HEALTH • WINOOSKI • ESSEX •

Medical Record Request - Self or Legal Guardian

Under HIPAA Law, CHC has up to 30 days to provide paperwork requested.

Use this form for each individual request for records that staff cannot provide immediately

Patient Name: _____ Date of Birth: _____

Address: _____

Legal Guardian (if patient unable to request): _____

Signature: _____

What is being requested: _____

Date requested: _____

How would you like to receive the records:

- Pickup
- Email, please write email address here: _____
- Mail, please confirm mailing address here: _____

For Office Use Only

- Confirmed identify or guardianship
- Confirmed address if sending
- Documented in PHI Log