



Customer ID #: \_\_\_\_\_

### Medical Records Request Form

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**I am requesting a copy of my medical records:**

- Specific dates: \_\_\_\_\_
- Other: (Please list specific documents): \_\_\_\_\_

**I am requesting to view my medical records:**

- Specific Dates: \_\_\_\_\_
- Other (Please list specific documents): \_\_\_\_\_

**Released to:**

- Myself: I request Summit Pointe to release the information requested to myself/guardian
- Other; Please include contact name and information:

\_\_\_\_\_

**Method of Delivery:**

- Pick up  US Mail  Encrypted Email: \_\_\_\_\_
- Fax #: \_\_\_\_\_  Media Device:  USB Drive  CD

***If you choose to have your records sent via unencrypted email, Summit Pointe cannot guarantee the security of your records once it is sent.***



Customer ID #: \_\_\_\_\_

***If providing your own USB or other media device, Summit Pointe technology must first check and clear the device for internal network security purposes.***

The authorization expires on: \_\_\_\_\_ (Date)

If the authorization date is left blank, the authorization expires sixty (60) calendar days from the date of the completed request.

**Fees: There are NO fees associated with producing medical records.**

I acknowledge that Summit Pointe has up to 30 days to process and approve or deny this request. I further understand that Summit Pointe is the holder of my clinical record and may, pursuant to the Michigan Mental Health Code, withhold information which it determines to be detrimental to the consumer or other persons. I also acknowledge that I am responsible for the documents provided to me including the confidentiality of such information.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Click the box below to submit

<b>Office Use Only:</b>	
Date request was received _____	Staff Signature _____