

# THE UNIVERSITY OF KANSAS PHYSICIANS

## Request for Copy of Protected Health Information

I, \_\_\_\_\_ (print name) born on \_\_\_\_\_,

**OR**

I, \_\_\_\_\_ (print name), the parent and/or Personal Representative of  
\_\_\_\_\_ (print patient name), born on \_\_\_\_\_,

Hereby request that: \_\_\_\_\_

Provide a copy of the following information:

Discharge Summary     Lab Tests     Pathology Reports     Psychotherapy Notes

Operative Reports     Consultation Reports     Radiology Reports     Billing Records

Clinic Notes from \_\_\_\_\_ Clinic     Entire Medical Record

Specific Dates only from: \_\_\_\_\_ to: \_\_\_\_\_

Other (please specify i.e. monitoring strips, photos, x-rays, etc.) \_\_\_\_\_

TO: The University of Kansas Physicians    Phone Number: 913-588-6208  
KU Integrative Medicine    Fax Number: 913-588-0012  
3901 Rainbow Blvd., MS 1017  
Kansas City, Kansas 66160  
Attention: Nancy or Crystal

The intent of the request described above is for treatment purposes by health care providers and physicians affiliated with UKP.

I understand that once the above information is disclosed, it may be re-disclosed by the recipient, and may no longer be protected by Federal Privacy Laws.

UKP complies with the HIPAA Privacy Rule for all applicable Protected Health Information (PHI) that is received from another party or covered entity, as described in the KUMC OHCA Notice of Privacy Practices (NPP). A copy of this NPP is available upon request.

**SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS AUTHORIZATION EXPIRES:**

\_\_\_\_\_  
(No more than one year following the signature date)

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Print Name of Patient or Authorized Representative)

\_\_\_\_\_  
(Signature of Patient or Authorized Representative)

\_\_\_\_\_  
(Print Witness Name)

\_\_\_\_\_  
ID Verification (Photo ID, Drivers License #)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Address of Person Signing Authorization)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone #

