

Tri-County Health Care

415 Jefferson St. N., Wadena, MN 56482

218-631-3510

ROI Fax: 218-631-7571

PATIENT LABEL

First Name				Middle Initial		Last Name		Maiden/Other	
Email Address									
Date of Birth			Home Phone			Cell phone			
Street Address				City/State			Zip Code		

I am requesting a copy of my health records that are maintained by Tri-County Health Care for my personal review. I am requesting records for **date(s) of service from:** _____ **to:** _____

Please select documents:

- | | | |
|----------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Emergency Room Records | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History and Physical |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Test Results (EKG, Echo, X-ray, lab) |
| <input type="checkbox"/> Immunizations/Medications | <input type="checkbox"/> Clinic Notes | <input type="checkbox"/> Other _____ |

How would you like your records delivered to you? Please indicate below:

- | | |
|--------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> MyChart | <input type="checkbox"/> US Mail (paper) |
| <input type="checkbox"/> Secure Email | <input type="checkbox"/> Pick-up in person (call 218-631-5231 to schedule) |
| <input type="checkbox"/> Non-secure email* | <input type="checkbox"/> US Mail (DVD/CD) |

***NOTE: I acknowledge that by electing to receive my health information via email in a non-secure manner that the information will not be encrypted, and that it could be intercepted and viewed by a third party. Tri-County Health Care is not responsible for unauthorized access of your health information while in transmission to the email address you designated above.**

- A request for substance use disorder treatment record requires a separate authorization.
- A patient will not be charged a fee for the first copy of the patient record but may be charged for additional copies of the same record.
- If records are unable to be emailed due to size limitations, records will be sent via DVD/CD.

Please sign and date below

Patient Signature		Date
Signature of Personal Representative	Relationship	Date

Please return completed form to:

Attn: HIM Department

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