I am requesting a copy of my health records that are maintained by Allina Health for my personal review. I am requesting records for date(s) of service: ____________________________

Please select documents:

☐ Emergency Room Records     ☐ Discharge Summary     ☐ History and Physical
☐ Operative Reports           ☐ Pathology Reports     ☐ Test Results (EKG, Echo, X-ray, lab)
☐ Immunizations/Medications   ☐ Clinic Notes          ☐ Other
                                ☐ Other

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

☐ Allina Health account (MyChart)     ☐ U.S. Mail (paper)
☐ Secure Email                       ☐ Pick-up in person (call 612-262-2300 to schedule)
☐ Non-Secure email*                  ☐ U.S. 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. Allina Health 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:

<table>
<thead>
<tr>
<th>Patient Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Personal Representative</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

For Questions Call Allina Health Release of Information at: 612-262-2300 (or toll free: 866-790-2088)

Fax: 612-262-2323
Email: MedicalRecords@allina.com
Mail To: Allina Health, Attn: Health Information/ROI
PO Box 43, Minneapolis, MN 55440-0043

Allina Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-506-4595.