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 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 _____

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

Patient Signature	*Date*
Signature of Personal Representative *Relationship*	*Date*

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

Completed Forms can be sent via:

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.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-506-4595.Allina Health

Allina Health

PATIENT ACCESS REQUEST FOR HEALTH INFORMATION

13-01

Auth for Disclosure SR-17284 (03/18)

PATIENT LABEL