Crystal Run Healthcare
155 Crystal Run Road
Middletown, NY 10941
845•703•6999
www.crystalrunhealthcare.com

Request for Patient Access to Their Protected Health Information

Patient Information (Please print):
First Name: __________________ Middle Initial: ____ Last Name: __________________
(Also known as): ____________________________________
Date of Birth (MM/DD/YYYY): ____________ Phone: __________________ Email: __________________
Street Address: ______________________City: ___________ State: _______________ Zip: ____________

I authorize CRHC to release my records. Where do you want the information sent?
Recipient name: ______________________________ Recipient Phone: __________________
Recipient Mailing Address: ____
Recipient Email/Fax: ____________________________________

Records Being Requested (Indicate below which records you are requesting and fill in as appropriate)

- ☐ Specific Date(s) of service: __________________ Provider(s): _____________________________
- ☐ Operative Procedure/Reports: ____
- ☐ Last two (2) years of Health Information
- ☐ Office Visit(s) ____
- ☐ Test Results (Lab/Pathology results) Please Specify: ______________________________________
- ☐ Radiology (X-ray, CT scan, MRI): Reports Only OR Imaging on CD
- ☐ Other (Please specify) ____

To include additionally protected health information, please indicate by initialing:*
_____HIV/AIDS _____Drug/Alcohol _____Mental Health

*IF YOU DO NOT PLACE INITIALS, THIS PROTECTED
HEALTH INFORMATION WILL NOT BE RELEASED

How would you like your records delivered?

- ☐ CD
- ☐ Paper – Mail or Pickup (Locations 155, 95, Rock Hill, Newburgh, New Windsor, Monroe, West Nyack)
- ☐ Electronic: Email (secured or unsecured) ______________@_____________ or Fax # ___________
- ☐ Other (Please specify) _____________________________

Name of Patient or Legal Representative (Please Print) ____________________________________
Relationship (Documentation must be attached or on file): ____
Signature of Patient or Legal Representative: _________________________ Date: ____________________

Please return this form to the above address Attn: Health Information Management or fax to (845) 703-3835.

Crystal Run Healthcare recognizes a patient's right under HIPAA to access copies of their health information. There may be charges associated with processing a request and producing records.