Children's Wisconsin

Patient Request for Protected Health Information (PHI)

1. Patient Information:

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____ Previous Name (if applicable) _____

2. I request Children's Wisconsin to provide my health information to:

☐ Patient ☐ Parent/Legal Guardian _____
Name of Parent / Legal Guardian

or ☑ Other: Crescent Cove
Name of Health Care Provider / Insurance / Attorney / Other

3. Delivery Method Requested:

☐ MyChart Patient Portal ☐ Email Address: _____ ☑ Fax to: 612-444-0998

☐ Mail To: _____ _____ _____ _____
Address City State Zip

4. Format Requested:

☐ MyChart Patient Portal ☐ Encrypted CD ☐ Paper ☐ Encrypted Email ☑ Fax (limited to healthcare providers)

5. The records that I want include (check boxes below or specify):

☐ Clinic Records (specify): _____

☐ Hospital Records from dates of service: From: _____ To: _____

☐ Only these specified documents: _____

☐ Consults ☐ Discharge Summary ☐ Diagnostic ☐ ER Visit ☐ History and Physical ☐ Lab
☐ Operative Report ☐ Pathology Report ☐ Radiology Report ☐ Other: _____

☐ Radiology Films: _____

☐ Other: _____

6. I do not want the following information released: (as defined by applicable state and federal laws)

☐ Mental Health ☐ Sexually Transmitted Diseases ☐ HIV Test Results ☐ Genetics
☐ Alcohol/Drug Treatment ☐ Other (please list): _____

7. Fees: For requests sent directly to patient/families, a copy fee will be assessed. We will contact you to inform you of the fee that will be assessed. All requests sent to MyChart are free of charge.

8. My signature below gives Children's Wisconsin permission to release my/my child's records as indicated above. My signature is only valid for this specific request.

_____ _____
Patient, Parent or Legal Guardian Signature Date

☐ Parent - I declare that I am the above named minor child's guardian. ☐ Self

☐ Legal Guardian (must provide paperwork) ☐ Other (please list): _____

Return form by faxing to 414-266-6316 or email MedicalRecords@childrenswi.org