

COMMENTS

Empty comment box

MEDICAL RECORDS Request

* REQUEST FOR MEDICAL RECORDS - Office of Dr. Byron J. Van Dyke, M.D. (Dermatology) *

Your most recent clinic note should contain a summary of all previous skin cancer surgeries, so please keep this in mind when deciding which records to request.

Byron J. Van Dyke, M.D., Dermatology

www.DrVanDyke.com

Fax 844-605-4188

The undersigned PATIENT or patient's legal REPRESENTATIVE hereby requests access to the Medical Records of:

PATIENT INFORMATION

NAME: *

First name, middle initial, and last name.

Street Address: *

Number and Street name

City, State Zip: *

Date of Birth:

Email *

We will copy this EXACTLY as you write it (upper-case and lower-case, symbols, etc). We will email records to this address if you choose this option.

Telephone

Number of Person Requesting Records *

Fax#

ONLY list if you want us to fax these records.

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NO CHARGE to send most recent note to your doctor

We do not charge to send a copy of the most recent clinic note to your other doctors.

Names of health practitioners to receive most recent clinic note ONLY.

Empty text box for names of health practitioners

Leave blank if not sending to other practitioners.

CHARGE for Additional Records (\$10 paid at time of request)

There is a charge of \$10 for the first 30 pages of each record sent out (if you need more than the most recent note sent to your doctor). Each additional page is 25 cents.

Records to Release

- Last clinic note ONLY
- ALL clinic notes
- Pathology reports
- Laboratory reports
- Messages (e.g patient phone calls)
- Demographics & Medications & Allergies & Diagnoses

How do you want sent?

- Email (we will call to confirm if not already on file)
- Fax (we will call to confirm)
- Mail (Postal)
- Pick Up (Limited times)
- Fax to DOCTOR's OFFICE listed above

If you are requesting more than just the most recent clinical note sent to your other doctors, please pay \$10 for EACH party receiving records.. We will ask for the remainder if there are more than 30 pages. You can pay via PayPal/credit card using the link on our web page OR send a check to: Byron J. Van Dyke, M.D, PO Box 994505, Redding, CA 96099-4505

PASSWORD (only if you choose to Email records)

Please use a "temporary" password (in particular, one different from that used for your Email). You will receive a link in your Email inbox to download the records. These will arrive as a PDF file. After you download the records you can open the document using the password you provided (and you can save again without a password if you wish).

Mailing Address for Records

Leave blank if NOT mailing records.

Limitations

1. I understand that IF I AM A PARENT making a request regarding records of a minor, I will not be shown entries for health care to which, by law, the minor may consent without parental involvement. I understand that IF I AM A MINOR, I will be given access only to those portions of my record describing health care for which I may consent, under applicable law.

2. I understand that records of mental health care or alcohol or drug abuse treatment may not be disclosed to me directly if the health care provider determines that to do so would present a risk of significant adverse or detrimental consequences. I understand that the provider may provide me with a summary of the requested records instead of copying or providing the original records for examination. I understand I then may designate a physician, licensed psychologist, or clinical social worker to review the record on my behalf.

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Comments/Question:

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This form was completed by: *

- Patient
- Parent
- Guardian

I have reviewed and fully completed these forms to the best of my ability. I understand this information will become part of my permanent medical record.

SIGNED: *

Please print your first and last name. This constitutes your electronic signature for this entire document.

Date Signed: *

Just press the "Return" key to choose today's date.

Once finished, click the "SUBMIT" button. You should see "Form..." successfully submitted. If NOT, then check the top of this page for any missing fields to correct, and try submitting again.

* Required field