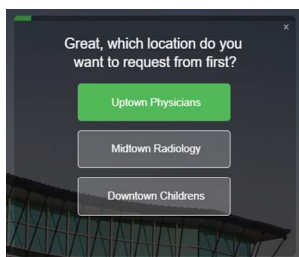
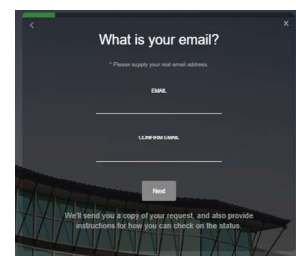
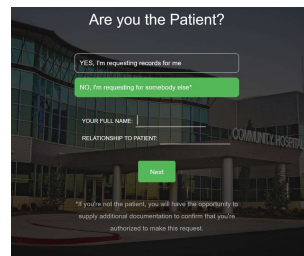
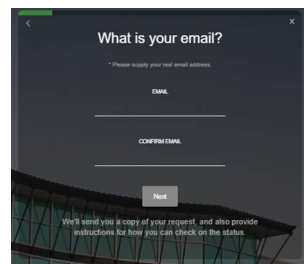
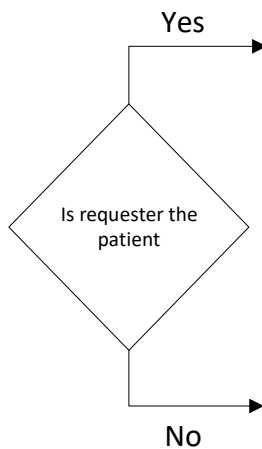
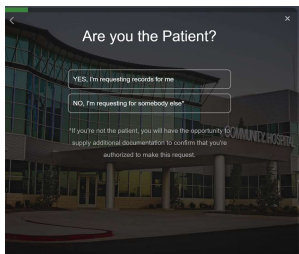


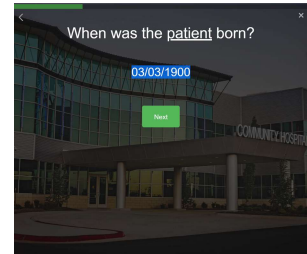
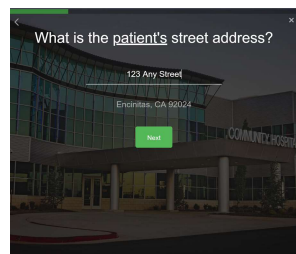
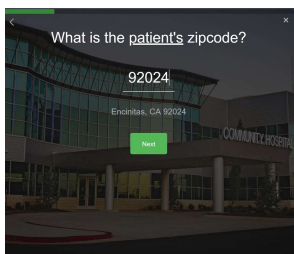
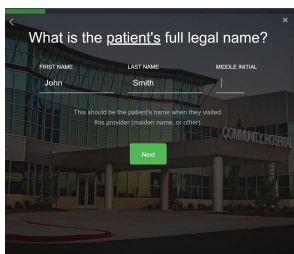
1) Determine which institution (data source) the requester is inquiring about



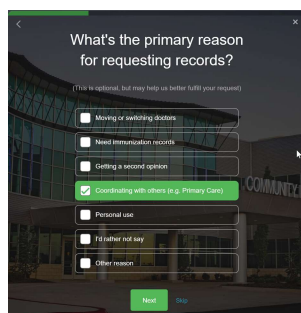
2) Collect information about who is making the request



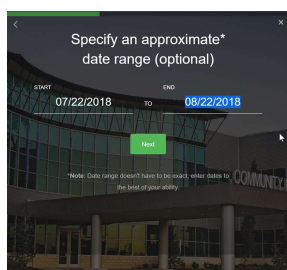
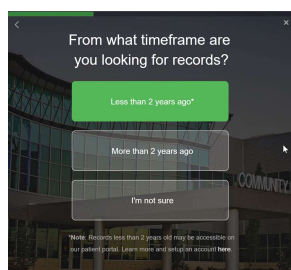
3) Collect information about who's data is being requested



4) Determine what data is being requested



5) Determine timeliness of the request



6) Select types of records being requested

Which types of records would you like?
(check all that apply)

- ☐ Medications
- ☐ Lab / Test Results (Blood tests, Urinalysis, etc.)
- ☒ Imaging Results (X-rays, MRIs, etc.)
- ☒ Procedures / Operative Notes
- ☐ Immunizations
- ☒ Summary of Care
- ☐ Other

Note: Some records may only be available on paper or PDF.

Next

User supplied notes to help clarify request

Please describe the specific records you're requesting
(This may help us respond more completely to your request)

ADDITIONAL DETAIL
Would like records related to heart valve replacement as I may provide to cardiologist. Also want a copy for myself.
e.g. related to a condition or surgery, specific lab tests, all available records, etc.

Next

7) Is there a deadline?

Is there a deadline for this request?
By law we have up to 30 days to fulfil patient record requests, however if you have an urgent need for an upcoming appointment, please let us know.

YES, I have a deadline

NO, just as soon as possible

What date do you need the records by?
We will do our best to meet your time requirement.

08/30/2018

Next

If answer is no skip to next stage.

How should we send the patient their records?

- ☐ Patient Portal
- ☒ My own health app
- ☐ Email
- ☐ Mail
- ☐ In-Person Pickup

Next

How would you like the records sent to the App?

Link App

Email to App

Choose the App you want to link
(coming soon)

Note: There are sample apps from the SMART App Gallery. This is not a comprehensive list.

Back

Enter your App email address

Some apps create email addresses for users to have records sent electronically. Check your App settings to locate the address assigned to you.

APP EMAIL ADDRESS

CONFIRM APP EMAIL ADDRESS

Important: This screen has a risk that information could be read or otherwise accessed while in transit to the intended third party. If you would still like to receive information via regular (unencrypted) email, check this box.

Next

8) Determine who the data is to be delivered to and how

Who should we send these medical records to?

Patient

Another doctor

A family member/caregiver

Please enter as much info as you can about your doctor:

DOCTOR NAME, SPECIALTY, CITY + STATE, PHONE

Next

How should we send these records to a family member/caregiver?

- ☒ My own health app
- ☐ Email
- ☐ Fax
- ☐ Mail
- ☐ In-Person Pickup

Next

How would you like the records sent to the App?

Link App

Email to App

Choose the App you want to link
(coming soon)

Note: There are sample apps from the SMART App Gallery. This is not a comprehensive list.

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Important: This screen has a risk that information could be read or otherwise accessed while in transit to the intended third party. If you would still like to receive information via regular (unencrypted) email, check this box.

Next

Optional: Upload any supporting documentation (i.e. Medical Power of Attorney, Medical Guardianship)

Limit of one file less than 3MB

Drop files here
(max. 3MB, jpg)

Next

Let us send you a text to verify your phone

NOTE: Please supply your real phone number

(818) 301-6645

NOTE: A verified phone number helps us trust that this request is from a reliable source and allows us to follow-up with any questions and/or updates.

Send Verification Code

Community HOSPITAL

Almost done! Review and sign when ready. ([Edit Request](#))

All finished reviewing? [Sign request](#)


Your request is ready! ([Edit Request](#))
[Submit Request](#)

A screenshot of an email from Anytown Community Hospital. The email header shows the sender as 'Anytown Community Hospital <nronp@thehealthcardboard.com>' and the subject as 'Your request to Anytown Community Hospital has been submitted.' The body of the email contains a list of instructions: 1. Expect to receive results by the delivery method you selected at the declaration you specified. 2. We will follow up with you twice on questions or further needs. 3. We will not update you if you requested 'no'. 4. We will follow your requests for the declaration if you specified one. Below the list is a bolded question: 'What happens now?'. At the bottom, there is a link: 'If you have any questions or concerns, call: (555) 555-5555'.

[illegible]

Additional Identification Required

1. **Student's License**



2. **Waiting Address**

101 Any Street
Mountain, CA 90000

3. **Card Address (not confirmed)**

CA@earth.com

4. **Phone Number (not used)**

(800) 123-4567

5. **Signature**

