



Patient Records and Billing Request Form

I, _____, would like a copy of the following records:
(full name)

- All patient records from _____ to _____
- Daily Chart Notes from _____ to _____
- Copy of my Ledger (Charges and Payments) from _____ to _____

X-Ray Films

(Note: We do not release original films to patients. If your films are in digital format we can give you or a 3rd party a copy on CD. If your films pre-date our digital x-rays, we can have a copy made of the films by a 3rd party at your expense. We will release original films out to another medical provider if requested.)

Other – Please Specify: _____

Sent to

Myself (fill in just one of the below)

Email – Email Address: _____

Mail – Address: _____

Fax: _____

To be picked up at Valente Chiropractic on _____.

Another Party:

- I understand and agree that I must notify Valente Chiropractic PLLC **by written request** if there are any corrections or amendments that I want made to my records. I understand this is because a verbal request could be misinterpreted or not reach the appropriate staff member capable of understanding or fulfilling the request.
- I understand that a fee may be charged for the copying and supplying of records per WAC 246-08-400.
- I understand should I request that medical records, ledgers, or other PHI be sent via email, that **email is an inherently insecure form of communication** as there is the potential for it to be viewed by a 3rd party.
- I agree that if I don't receive my above request or I don't feel it was fulfilled to my expectations that I will notify Michael Valente or the Office Manager at Valente Chiropractic PLLC first verbally and then in writing so that they may fulfill my request to my expectations or provide explanation as to why it is not possible to do so, should that be the case.

Signature: _____

Date: _____

Office Use Only:

Request Completed By: _____ On Date: _____

Notes: _____