



Patient Request For Access Form

This form may be used when a patient requests copy of their information for themselves, for another provider, or for a family member or friend. All other requests should be submitted on CCK Authorization for Use or Disclosure of PHI Form.

I am a patient of Cancer Center of Kansas (CCK) and my information is listed below:

Patient Name: _____ Date of Birth: _____

Street Address: _____ Last 4 numbers of SSN: _____

City, State, Zip: _____ Telephone: _____

Email address: _____

I see my CCK physician, _____, at _____ office location.
(Name of CCK Physician) (CCK Office location)

Choose one:

- Give me a copy of my health information, or
- Send my records to:

(Name of Persons, Facility, Company) (Street Address, City, State, Zip)

(Phone Number) (Fax Number)

(Email Address)

I would like these dates of service to be released: _____

I want these records to be released (check all that may apply):

- H&P
- Progress Notes
- Lab Reports
- Radiology
- Pathology
- All Medical Records
- Billing
- Other: _____

I want these records in the following format (choose one): CD Email Paper Other: _____

I want you to send the records by (choose one): Mail Secure Email Unsecure Email* Fax Pick up in office-
CCK staff will let you know when your records are ready for pick up

Signature: _____ **Print Name:** _____

Relationship to Patient: _____ **Date:** _____

RETURN COMPLETED FORM IN PERSON, BY MAIL, EMAIL OR FAX
 Cancer Center of Kansas
 Attention: Medical Records Department
 818 N Emporia St, Ste 403
 Wichita, KS 67214
 Phone: (316) 262-4467 Fax: (316) 262-3762
 records@cancercenterofkansas.com

*Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us. By checking this box and signing below, you consent to and accept the risk in receiving your records via unsecure email.