



# Methodist Hospital of Sacramento

A Dignity Health Member

Methodist Hospital  
7500 Hospital Drive  
Sacramento, CA 95823  
(916) 423-6141

Lab 310 - 3/17/12  
@ 18:40pm.

## Health Information Management

TO:

Tiffany

FROM:

Conchita

FAX #:

209-625-8587

DATE:

03-17-12

REGARDING:

Consent Form

If you have a problem receiving this fax,  
please call:

(916) 423 6141

Comments:

Pls. complete the consent form  
& fax it back to

916-423-6034

Attn: Ravi Chandra

facsimile

Enclosed 1 copy of Advanced  
Health Medical Directive for Shirley Hazel  
Johnson pg 1-8. 2 Patients request for access  
To protected Health Information requests  
from agent 1 & 2

Caution: This facsimile message is CONFIDENTIAL and may be of a nature that is LEGALLY PRIVILEGED. The information contained in this facsimile message is intended only for the use of the recipient named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you have received this document in error. Any further review, dissemination, distribution, or copying of this message is STRICTLY PROHIBITED. If you have received this communication in error, please notify me immediately by telephone. If you are a regular recipient of confidential or privileged facsimiles from me and you intend to change your facsimile number, it is your responsibility to alert me before the change.

Every effort has been made to insure that this document has been sent to the intended recipient. In the event that you are not the intended recipient, please check the box below and fax this document back to (916) 423-6034.

☐WRONG RECIPIENT RETURN TO SENDER



Methodist Hospital of Sacramento

CHW

7500 Hospital Drive  
Sacramento, CA 95823

RECEIVED

Patient's Request For Access  
To Protected Health Information

MAR 20 2012

3/13 ER

Date: 3-17-2012M.R. #: 09960627Patient Name: Shirley Hazel Johnson AKA/Other Names: NADate of Birth: 9-5-1932 Phone: 209-368-8762Address: 341 E Locust St City/State/Zip: Lodi CA 95240Covering the period of healthcare from (date) 3-12-12 to (date) 3-15-12

You have requested access to health information about you. To enable us to process your request, please read the following carefully and complete the requested information below.

There may be fees associated with your request. The form in which you access your information may determine the amount of such fees.

A. You would like to access to the health information about you maintained by the METHODIST HOSPITAL OF SACRAMENTO as follows (Check one).

☐ inspect only

☒ copy only (Fees may apply. See attached price list.)

☐ inspect and copy (Fees may apply. See attached price list.)

B. You may obtain the following in lieu of a copy of the medical records:

☐ written summary of health information (Fees may apply. See attached price list.)

C. Tell us which type of health information you want to access (Check all that apply):

☒ Complete Health Record(s)

☒ Discharge Summary

☒ History and Physical

☒ Consultation Reports

☐ Billing Records

☐ Others (please specify)

☒ Emergency Room Records

☒ Progress Notes

☒ Laboratory Tests

☒ X-ray Reports

any other information in charts or on file not mentioned above.

The following classes of information are protected by special privacy laws and access may be subject to special rules or may be restricted under certain circumstances or access may require consultation with your physician or healthcare provider responsible for your care before release. If you are requesting access to records relating to any of the following, please initial each applicable item to confirm your request

NA HIV (Human Immunodeficiency Virus) Test Results (To be released upon approval of your physician.)  
Initial

NA Psychiatric care (To be released upon caregiver's approval.)  
Initial

NA Treatment for alcohol and/or drug abuse  
Initial