



Medical Records Request Form

This is a request to receive a copy, summary, or narrative of medical records for:

First Name	Last Name	MI	Date of Birth	Last 4 SSN
Street Address	City	State	Zip Code	
Email Address:		Telephone		

(Please select the following entity you would like to request records from:

- ☐ Full Spectrum Emergency Room at the Rim ☐ Full Spectrum Emergency Room at Hardy Oak
- ☐ Full Spectrum Urgent Care at the Rim ☐ Full Spectrum Urgent Care at Hardy Oak

RECORDS TO BE RELEASED FROM: **Spectrum Healthcare and all covered entities.**

Please provide the dates of service you are requesting below:

Record(s) of care from the following dates of service. If multiple please list each date below

_____	_____	_____
_____	_____	_____

Select one of the following options for processing your request:

- ☐ Option 1: Records will be printed and available for pickup in our facility within 14 business days (A valid government-issued ID will be required for verification).
- ☐ Option 2: We will mail the requested documents via certified mail to the address you provide for a \$40.00 per visit fee.

Mail to: _____

Email is NOT an option as there is no way to ensure HIPAA-compliant transmission of documents.

Optional: To prevent any delay please attach a copy of all corresponding court documents

<input type="checkbox"/> Continued Care	<input type="checkbox"/> Referral to a Specialist	<input type="checkbox"/> Change of Doctor/ Provider	<input type="checkbox"/> Personal
<input type="checkbox"/> Insurance	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Disability Determination	<input type="checkbox"/> Legal

I understand that this request will be processed within 14 business days from receipt and that a fee for preparing and furnishing this information may be charged according to rulings set forth by The Texas Legislation.

Requestor's Name: _____

Relationship to Patient: _____

Signature of Requesting Party: _____

Date: ____/____/____

Return Completed Forms to: Spectrum Healthcare at patientrequests@spechealth.com

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