HDI
High Desert Imaging
976 Mountain City Hwy #100 Elko NV 89801 775-621-5800 FAX 775-621-5801

Request for an Individual's Health Information

Last:	First:	Middle:
Other Names used:	Date of Birth:	SS#
Address:		
Home Phone:	Work Phone:	

I hereby request access to the protected health information in my health record from (date)_____to (date)_____ .

- ☐ All Medical Records
- ☐ Billing Records
- ☐ Lab Reports
- ☐ CD / Films (Please circle one)
- ☐ Imaging Reports (Body Part)_____
- ☐ Other_____

☐ **PLEASE PUSH IMAGES TO NUANCE / POWERSHARE**

☐ I will pick up copies of my records ☐ Mail/Fax (Please circle one) copies of my records to individual listed below

Records From:	Records To:
Name:	Name: **High Desert Imaging**
Address:	Address: **976 Mountain City Highway #100 Elko Nevada 89801**
Phone:	Phone: **775-621-5800**
Fax:	Fax: **775-621-5801**

Purpose of request: _____Patients request, ____for outside comparison Images, ____referral, ____ other

- ____ **Records Request is for Continuance of care**

_____ _____

High Desert Representative **Date**