

Medical Records Request

Hopkins County EMS



Patient Request for Access to Health Care Records

Date of Request: \_\_\_\_\_

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**1. Requestor Information**

- Name of Patient (Requestor): \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

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**2. Requested Records**

- Specify the records you are requesting:
  - Entire medical record \_\_\_\_\_
  - Specific dates: From \_\_\_\_\_ to \_\_\_\_\_

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**3. Preferred Format for Records**

- Electronic copy (e.g., secure email, portal download)
- Paper copy (standard mail or in-person pickup)

*(Under HIPAA, a covered entity may charge a reasonable, cost-based fee only for permitted labor, supplies, and postage; such charges must be reasonable and comply with federal/state law.)*

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**4. Delivery Instructions**

- Send to my address listed above: \_\_\_\_\_
- Email to: \_\_\_\_\_
- Pick up in person (please specify a preferred pickup date/time): \_\_\_\_\_

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## 5. Authorization

By signing below, I affirm that I am the patient (or authorized representative) and that this request is made under my rights to access my health records.

- **Signature of Patient or Authorized Representative:** \_\_\_\_\_
- **Printed Name (if Representative):** \_\_\_\_\_
- **Relationship to Patient:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

*(If signed by someone other than the patient, proof of authorization (e.g., power of attorney, guardianship, or HIPAA authorization) must be attached.)*

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## 6. Additional Information

(Any clarifying details to assist with fulfillment)

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## 7. Instructions & Rights (Required by HB 4224)

- **How to Request Records:** Complete and submit this form email to [medicalrecords@hchdems.com](mailto:medicalrecords@hchdems.com)
- **How to Contact the Regulatory Authority for EMS Agencies:**  
Texas Department of State Health Services  
Office of EMS/Trauma Systems Coordination  
Phone: (512) 834-6700  
Website: <https://www.dshs.texas.gov/emstraumasystems>
- **How to File a Complaint:**  
Consumers may file a complaint under Texas Health & Safety Code § 181.103. Complaint instructions are available on the DSHS EMS/Trauma Systems website.