



Eff 10/23/25

## Patient Request for Health Information

### Patient Information (Please print)

First Name:	Middle Name:	Last Name:	
Name at Time of Treatment (If different than above):			
Date of Birth: MM/DD/YYYY	Phone:	Email (optional):	
Street Address:	City:	State:	Zip:

### What records do you want? (Check appropriate boxes below):

Date(s) of service: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

☐ Discharge Summary ☐ Operative/Procedure Reports ☐ Medical Abstract (Includes H & P, Discharge Summary, Consultations, Operative Reports, Test results) ☐ Complete Chart Copy

☐ Test Results (X-rays, Lab/Pathology Results) Please specify: \_\_\_\_\_

☐ Other (Please specify): \_\_\_\_\_

### How would you like your records delivered? **CHOOSE ONLY ONE.** \*One copy per recipient

☐ Paper ☐ Electronic – Email ☐ Electronic – CD

\*\* ☐ In person pickup (ID required) – Pre-arrangement required

### Where do you want the information sent? (Fill in boxes below)

RML should provide my records to: ☐ Self ☐ Personal Representative: (indicated below)

Recipient Name:	Recipient Phone:
	Recipient Fax:
Recipient Mailing Address:	**Recipient Email (if applicable)

***\*\*By requesting my records be sent via email, I acknowledge RML does not accept responsibility for the security of transmitting said records via email***

### Please print your name and sign below:

**\*\*I am aware my record may contain Psychology, Psychiatry, Drug or Alcohol diagnoses/treatment.**

Name of Patient or Personal Representative (please print)	Relationship:
Signature of Patient or Personal Representative	Date:

### Please return completed form to:

RML Specialty Hospital – HIM Department  
5601 S. County Line Road  
Hinsdale, Illinois 60521

Email: [healthinformation@rmlspecialtyhospital.org](mailto:healthinformation@rmlspecialtyhospital.org)  
Fax: 630-286-4042  
Questions: 630-286-4117

***RML Specialty Hospital recognizes a patient's right under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing requested records.***