



## REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

I hereby request access to Protected Health Information (PHI) maintained by Women's International Pharmacy, Inc. for the purpose of inspection and/or obtaining copies. **Please note: Records will be sent by the method indicated below or may be picked up, in person, at the pharmacy, unless the person requesting PHI is an agent of the patient or the patient is requesting records be sent to another person.**

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
(City) (State) (Zip)

Patient Telephone Number: \_\_\_\_\_ Patient Fax Number (if applicable): \_\_\_\_\_

Patient Email (if applicable): \_\_\_\_\_

### To be completed only if patient is requesting PHI be sent to another person:

Person's name receiving PHI: \_\_\_\_\_

Person's address receiving PHI: \_\_\_\_\_

Person's email receiving PHI (if applicable): \_\_\_\_\_

Person's fax number receiving PHI (if applicable): \_\_\_\_\_

### To be completed only if patient's legal representative is requesting PHI (provide proof of legal authority):

Name of Legal Representative: \_\_\_\_\_

Address of Legal Representative: \_\_\_\_\_

Telephone Number of Legal Representative: \_\_\_\_\_

Email of Legal Representative (if applicable): \_\_\_\_\_

Fax Number of Legal Representative (if applicable): \_\_\_\_\_

Information Requested: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
(Starting date) (Ending date)

Format Requested (e.g., mail, email, fax, etc.): \_\_\_\_\_

Please ensure the appropriate address, email address, fax number, etc. is provided above

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient or Legal Representative\* signature)

**\*If a legal representative of the patient signs the form, please also include one of the following:**

**(1) a copy of the signed Power of Attorney, (2) other proof of legal authority, or (3) a signed patient release form.**

2 Marsh Court | Madison, WI 53718  
Phone: 800.279.5708 | Fax: 800.279.8011

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Phone: 800.699.8143 | Fax: 800.330.0268