

Attachments: _____

Prohibition on Privacy Rule 45 CFR & 164.12 (I) (2) (IV)

The Federal rules prohibit the individual or organization who receives this information from making any further disclosure unless further disclosure is expressly permitted by the written consent on the person to whom it pertains, or as otherwise permitted by 42 CFR, Part 42. 3/22/05 *lm*

Patient Health Record Request

- To request a copy of your medical record please contact _NAHC- SF_____ in person or by calling _415-417-3501__

The following information is needed to process your request

Patient Full Name

Date of Birth

Phone Number

Type of Record Requested

- All requests for patient records will be processed within 10 business days. The Native American Health Center will provide you a receipt.
- A fee may be associated with your request and will be determined on the time taken to process your request and number of pages included in your request.
- There are no charges for mailing copies of a patient health records to other health care facilities for continued health care. Please allow 10 business days to process continued care request.

If you have any questions regarding request for health care records please call the Native American Health Center Medical Records department at: 510-535-4429.

Thank you,
Native American Health Center

Oakland
2950 International Blvd
Medical 510-535-4410
Dental 510-535-4450

San Francisco
160 Capp St
415-417-3501

3124 International Blvd
Women Infant and Children 510-434-5300
Community Wellness
510-434-5421

1089 Mission St
415-503-1046