



Hoagland Pharmacy
 2330 Yew Street
 Bellingham, WA 98229
 (360)734-5413

Long Term Care Pharmacy
 1414 Meador Avenue, H-102
 Bellingham, WA 98229
 (360)734-7547

REQUEST FOR ACCESS TO RECORDS

NAME OF INDIVIDUAL: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

Please mark the records you are requesting access to:

- | | |
|---|--|
| <input type="checkbox"/> PATIENT FILE (DEMOGRAPHIC INFORMATION) | <input type="checkbox"/> PRESCRIPTION HARDCOPY |
| <input type="checkbox"/> INSURANCE DATA | <input type="checkbox"/> PAYMENT INFORMATION |
| <input type="checkbox"/> PRESCRIPTION PROFILE | <input type="checkbox"/> OTHER _____ |

I am requesting a copy of my records for the following time frame:

FROM: _____ TO: _____

If access to records is granted, I would like my requested records:

- | | |
|---|---|
| <input type="checkbox"/> MAILED TO THE ADDRESS LISTED ABOVE | <input type="checkbox"/> AVAILABLE FOR PICKUP AT THE PHARMACY |
|---|---|

I understand that if the pharmacy grants access to records, the pharmacy will provide the requested records within thirty days from receipts of request. Also, I understand there may be a cost based fee charges to process this request and the pharmacy will contact me prior to continuing action on this request for my acceptance of the fee amount (if any).

Date	Signature of Individual/Legal Representative	Relationship to Individual

You may file the completed request with the Pharmacy or mail to:

Office Manager
 Hoagland Pharmacy
 2330 Yew Street
 Bellingham, WA 98229