



You have requested an electronic copy of your medical records. CioxHealth will, under agreement with this healthcare provider, facilitate the release of your records based on your authorized request.

You will receive an email from CioxHealth, at the email address you have provided, that will include detailed instructions on how to access your electronic records via a secure web portal. Once you have received the email notification from CioxHealth, the medical record will be available via the web portal for 30 days. If the record is not accessed during that timeframe, it will be deleted from the portal. If you need the record after that time, you must resubmit your request to the healthcare facility.

To access the record electronically your computer must meet or exceed these requirements:

- Windows or Mac platform
- Pentium 3 or Mac G3 or higher
- At least 128 MB of RAM
- Internet Explorer 6.0 or 7.0 with 128-bit encryption pack or Netscape 4.77
- At least 56K modem; however, DSL or T1 line is recommended
- Adobe Reader (latest version available free from www.adobe.com)
- 200 dpi (or higher) printer (for printing records)

Payment regulations vary from state to state, therefore, depending on the location of the medical facility that you requested the records from, there may be a charge associated with this service. If that is the case, you may receive an invoice from CioxHealth along with the medical record.

If you have any questions or to check on the status of the medical record, please call us directly at (800) 367-1500, #4.

Kind regards, CioxHealth





## Electronic Record Delivery Request

Complete this form, along with a HIPAA Authorization, to receive your medical records as electronic PDF files rather than as printed copies.

Requester Name					
	First		Last		
Street Address	Street	Suite / Apt #			
	City	State			Zip
Email Address for record delivery					
Medical Records Requested					
Patient					
Name	First	Ν	<b>4</b> I		Last
Date of Birth					
Date of Service	Erom			r	<b>F</b> o
	From		То		

Please provide me with the medical records described above through the CioxHealth eDelivery online service. I understand and agree that:

- > I must provide a valid email address, either my own or that of my designated recipient.
- > My records will be provided as Adobe PDF files on CioxHealth's eDelivery website.
- > I will receive an email from **CioxHealth.com** containing instructions for accessing my records.
- > There may be a fee for collecting my records. If so, an invoice will be included with the records.