



PATIENT NAME: _____

DATE OF BIRTH: _____

DATES OF TREATMENT: from _____ to _____
Month/Year Month/Year

Medical records can be requested by completing this form or in the patient portal. Medical records form option– return completed form to any Integrity Rehab clinic, fax to 254-526-8604 or email to mr@integrityrehab.net. Complete the section to patient or to another provider below.

Patient Portal option - Your portal link is in your welcome letter email or on our website www.integrityrehab.net by clicking the PATIENT PORTAL button. Go to: Records/visit summaries to view your daily records and download into PDF format.

MEDICAL RECORDS TO BE SENT DIRECTLY TO PATIENT

Payment is required for medical records which are being received by the patient. Payment may be made in office or over the phone.

PLEASE CHECK ALL THAT APPLY:

- Medical Records (email) \$10
- Billing Records (email) \$10
- Medical Records (printed) \$25
- Billing Records (printed) \$25

TOTAL: _____

Email for records: (please print clearly):

MEDICAL RECORDS TO BE SENT TO ANOTHER PROVIDER OR FACILITY

Payment is not required for medical records which are being sent directly to another provider or facility.

RELEASE INFORMATION TO: (please print clearly)

Individual: _____

Facility: _____

Phone: _____

Fax: _____

Email: _____

I am requesting my medical records from the treatment I received at Integrity Rehab be sent as outlined above. **I understand there may be a delay in processing my records if any information is missing or incomplete.**

SIGNATURE OF PATIENT/PARENT/GUARDIAN

DATE

Please allow ten (10) business days to process your record request. If you have any concerns or questions, please contact our office at 254-699-3933 option 3 or MR@integrityrehab.net.

Thank you,

*Custodian of Medical Records
Integrity Rehab
(254) 699-3933 option 3
MR@integrityrehab.net
Reviewed & Updated: 062024*