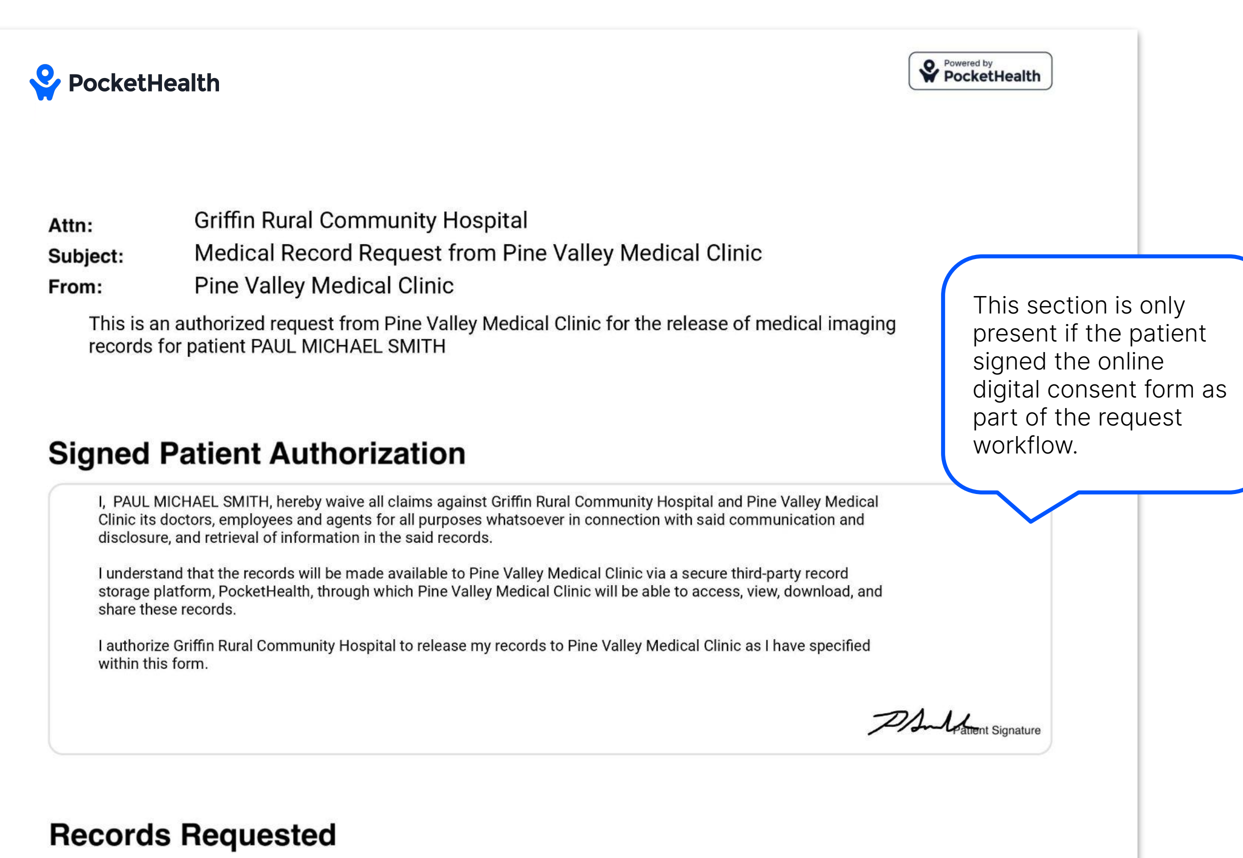
Sample Request Page

This is an example of “Pine Valley Medical Clinic” requesting imaging from “Griffin Rural Community Hospital” for patient “Paul Michael Smith”

Note: This request may or may not include signed patient authorization, depending on if the requesting provider has requested the patient's signed consent as part of this retrieval.



PocketHealth

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Attn: Griffin Rural Community Hospital
Subject: Medical Record Request from Pine Valley Medical Clinic
From: Pine Valley Medical Clinic

This is an authorized request from Pine Valley Medical Clinic for the release of medical imaging records for patient PAUL MICHAEL SMITH

Signed Patient Authorization

I, PAUL MICHAEL SMITH, hereby waive all claims against Griffin Rural Community Hospital and Pine Valley Medical Clinic its doctors, employees and agents for all purposes whatsoever in connection with said communication and disclosure, and retrieval of information in the said records.

I understand that the records will be made available to Pine Valley Medical Clinic via a secure third-party record storage platform, PocketHealth, through which Pine Valley Medical Clinic will be able to access, view, download, and share these records.

I authorize Griffin Rural Community Hospital to release my records to Pine Valley Medical Clinic as I have specified within this form.

Patient Signature

This section is only present if the patient signed the online digital consent form as part of the request workflow.

Records Requested

Patient Name: PAUL MICHAEL SMITH
Patient DOB: 1964/02/12 YYYY/MM/DD
Request Details: All prior imaging records

This is the **most relevant section** of the Request Page for your recipient. They can follow these 3 steps to share the requested imaging records with you.

Transfer Instructions

1 Open your web browser (preferably Google Chrome), and visit
pinevalley.pocket.health

2 Enter the following secure upload pin
415665

3 Prepare to upload!

If you have any questions regarding this request for records, please conta
at 1-855-768-4455

No priors? No problem! Receipts have the option of declining your request if they don’t have the requested records.

If you have any questions regarding this request for records, please contact St. Anthony Memorial Health at 1-855-768-4455