



Mount Sinai

患者访问医疗信息申请

PATIENT ACCESS REQUEST FOR MEDICAL INFORMATION

请以正楷清晰填写患者信息

PLEASE PRINT PATIENT INFORMATION

Form with fields for: 姓氏: LAST NAME, 名字: FIRST NAME, 中间名: MIDDLE, 治疗期间所用姓名 (如与上述姓名不同) Name at Time of Treatment (If different than above), 出生日期 (月/日/年): Date of Birth (MM/DD/YYYY), 电话: Phone, 电子邮箱 (选填): Email (optional), 街道地址: Street Address, 城市 and 州: City & State, 邮政编码: Zip Code.

服务地点 (仅勾选接受服务的地点):

LOCATION(S) OF SERVICE (check only those where you received services):

Form with checkboxes for service locations: Mount Sinai Beth Israel, Mount Sinai Queens, Mount Sinai West (aka Roosevelt), Mount Sinai St. Luke's, Mount Sinai Chelsea, Mount Sinai Doctors Faculty Practice, Long Island, Manhattan/Queens, Brooklyn, Bronx/Westchester, Staten Island, Mount Sinai Hospital, New York Eye and Ear Infirmary at Mount Sinai, Mount Sinai Brooklyn (aka Kings Highway), Mount Sinai Union Square, 其他 - 请具体说明: Other - please specify.

请填写相关信息, 并勾选所有适用方框

PLEASE FILL IN INFORMATION AND CHECK ALL BOXES THAT APPLY

Main request form with columns: 所申请的记录/信息 Records/Information Requested, 服务日期 Date(s) of Service, 服务地点 Location(s) of Service. Includes checkboxes for: 完整的医疗记录 Entire Medical Record, 住院就诊 Inpatient Visit(s) (Discharge Summary, Operative Report), 门诊外科 Ambulatory Surgery, 急诊科 (ER) Emergency Department (ER), 门诊医师办公室 Outpatient Physician Office (Provider Name), 门诊诊所 Outpatient Clinic (Clinic Name), 指定记录集 Designated Record Set, 检测结果 Test Results (Cardiac Cath Reports, Cardiac Cath Films, Radiology Reports, Radiology Images, Pathology Reports, Pathology Slides, Laboratory), 其他 Other. Includes Purpose of Request: 自用 Self, 继续治疗 Continuing Treatment, 福利 Benefits, 其他 Other.

请勾选所需格式/递送方式

PLEASE CHECK REQUESTED FORMAT/MODE OF DELIVERY

纸质文件: PAPER:	<input type="checkbox"/> 邮寄 MAIL	<input type="checkbox"/> 自取 PICKUP	光盘: DISC:	<input type="checkbox"/> 邮寄 MAIL	<input type="checkbox"/> 自取 PICKUP	<input type="checkbox"/> 现场检查 ONSITE INSPECTION
电子方式: ELECTRONIC:	<input type="checkbox"/> PDF/电子邮件: 请通过电子邮件发送记录至 (必填): _____ PDF/EMAIL: Email to send record to (REQUIRED): _____					

Mount Sinai Health System 将按照 HIPAA 和纽约州法律回复患者的访问申请。我们不会以您是否签署此授权书为条件来决定治疗或付款。但是, 如果您拒绝签名, 我们将不会提供相关记录。

**患者理解声明和签名**

在下方签名, 即表示本人向 Mount Sinai 申请允许本人以上述方式获取所需的健康信息。本人了解, 申请医疗记录副本需要支付法律法规所允许的复制费用, 如果本人不想支付此类费用, 则可修改或撤销申请。

患者或个人代表签名: \_\_\_\_\_ 日期: \_\_\_\_\_  
Signature of Patient or Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(若患者未成年或无法代表自己签名, 则由个人代表签名)  
(Personal Representative to sign only if patient is a minor or unable to sign on his/her own behalf)

个人代表正楷姓名: \_\_\_\_\_ 关系/授权: \_\_\_\_\_  
Personal Representative Print Name: \_\_\_\_\_ Relationship/Authority: \_\_\_\_\_

地址: \_\_\_\_\_ 电话号码: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**请将填妥的表格寄送至下列最合适的地点**

机构	地址	电话号码
The Mount Sinai Hospital	The Mount Sinai Hospital HIM/Medical Records One Gustave L. Levy Place, Box 1111 New York, NY 10029	212-241-7607
Mount Sinai Queens	Mount Sinai Queens HIM/Medical Records 25-10 30th Avenue Long Island City, NY 11102	718-808-7683
Mount Sinai Beth Israel	Mount Sinai Beth Israel Health Information Management First Avenue at 16th Street New York, NY 10003	212-420-2665 x-0
Mount Sinai Brooklyn	Mount Sinai Brooklyn Health Information Management 3201 Kings Highway Brooklyn, NY 10025	718-951-2806
Mount Sinai Doctors Faculty Practice	直接向相应机构提出申请 – 致电联系相应机构获取地址信息 或寄送至以下地址 Mount Sinai Doctors Faculty Practice – Medical Records 1 Gustave L. Levy Place, Box 1111 New York, NY 10029	单个机构
Mount Sinai Union Square	Mount Sinai Beth Israel Health Information Management First Avenue at 16th Street New York, NY 10003 Attn: Outpatient Team	212-844-5275
Mount Sinai St. Luke's	Mount Sinai St. Luke's Health Information Management 1111 Amsterdam Avenue New York, NY 10025	212-523-3265
Mount Sinai West	Mount Sinai West Health Information Management 1000 Tenth Avenue New York, NY 10019	212-523-6623
Mount Sinai Chelsea	Mount Sinai Downtown Chelsea Health Information Management 325 West 15th Street New York, New York 10011	212-604-6045
New York Eye and Ear Infirmary	New York Eye and Ear Infirmary Medical Records 310 East 14th Street New York, NY 10003	212-979-4352