

Cancellation Notice for Release of Medical Records

Under the Uniform Health Information Act for Washington State, requests shall be accomplished within 15 business days. Sound Family Medicine will not be held responsible for the release of medical information prior to receipt and processing of a written notice of cancellation.

Upon completion the form can be turned in to the front desk at any Sound Family Medicine location to be processed. **OR** you may mail this form to:

**Sound Family Medicine
Medical Records Department
P.O. Box 73990,
Puyallup, WA 98373**

If you have any questions or need further clarification concerning this cancellation process, please call the Medical Records Department at (253) 848-5951, option #5.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Primary Phone Number: _____ Alternate Phone: _____

PERSON/AGENCY FROM WHOM RELEASE IS TO BE WITHDRAWN

Name: _____ Withdrawal Effective Date: _____

Address: _____ Date of Original Release: _____

City: _____ State: _____ Zip: _____

Phone: _____

Patient Signature: _____ Date: _____

Printed Name (if not signed by patient): _____

Relationship to Patient: _____

INTERNAL USE ONLY: If received at front desk please complete below and send to medical records

Request Received by: _____ Date Received: _____

Notes placed in EMR and Registration (initials): _____ Forms scanned in to Registration (initials): _____