



## CANCELLATION NOTICE FOR RELEASE OF MEDICAL RECORDS

**\*\*PLEASE READ CANCELLATION INSTRUCTIONS BELOW\*\***

Under the Uniform Health Information Act for Washington State, requests shall be accomplished within 15 business days. However, requests are usually processed within five (5) business days after receipt of written request. 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  
PO 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### PERSON/AGENCY FROM WHOM RELEASE IS TO BE WITHDRAWN: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 (if known): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Patient's 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): \_\_\_\_\_ Form Scanned in to Registration (initials): \_\_\_\_\_