

Animal House Veterinary Hospital

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Request for Release of Medical Records

I request that copies or summaries of the medical records of my pet(s)

Named: _____

Be released to: _____

Street Address _____ City _____ State _____ Zip _____

Phone number to call when records are ready for pick up: _____

Reason for request: _____

Signature of owner

Date

Medical record review checklist:

_____ Verified that client has a \$0 balance

_____ Checked collection records

_____ Chart reviewed by doctor

_____ Chart reviewed by Office Manager

Comments: _____

Alaska State Statutes

12AAC 68.910 Medical Records

(a) A licensed veterinarian or veterinary medical facility shall maintain an individual record on every client or patient consultation.

(c) Copies of a licensee's record or summary report of the record, and copies of all data and papers pertaining to a particular patient must be furnished to the patient's owner, designated veterinarian or duly authorized representative within 30 days after a written request by the owner or duly authorized representative, or within a shorter time if necessary for the care of the patient.

A reasonable fee to cover the cost of preparing or obtaining the copies will be charged. (\$0.30 PER PAGE)

(d) Patient medical records may not be released to a third party without the written consent of the patients owner, except that

(1) Information on spaying, neutering, or rabies vaccination may be released to the public health and animal control agencies without written consent.