



## Instructions to obtain Medical Records

To obtain medical records please complete the following steps:

1. Complete the medical records Authorization for Release of Information Form in its entirety.
2. Sign and date the form.
3. In order to verify your identification; we require that you include a legible copy of a valid Government issued photo I.D. (i.e.: driver's license, military I.D.)
4. Fax, E-Mail, Mail your completed request along with your ID to:

**Desert Parkway Behavioral Healthcare Hospital**

Health Information Management

3247 S. Maryland Parkway

Las Vegas, NV 89119

**P:** (702)776-3544

**F:** (702)776-3595

**E-Mail:** [alv.him@desertparkway.com](mailto:alv.him@desertparkway.com)

***Instructions for Completing the Authorization for Release of Information:***

1. The patient's name.
2. The patient's date of birth.
3. The patient's address.
4. Telephone number where the patient may be reached should we need to call you.
5. Name, Address, Telephone and/or Fax Number of person or facility where medical records are to be sent.

Please Note: Medical Records that are copied for any reason other than continuity of care are subject to a fee of \$0.60 per page (NRS 629.061).

Please allow 7-10 working days from the date of receipt of the completed authorization. Nevada law permits up to 30 working days (NRS 629.061).

If medical records are needed for continuity of care Desert Parkway will send the records to your provider at no cost to you.

**Disability, Insurance, and Third Party Requests:** A request should be sent from Disability Determination Services, your insurance company, or attorney and either faxed or mailed to the address above.

3247 South Maryland Parkway . Las Vegas, Nevada 89109  
702-776-3508 (office) 702-776-3595 (fax)