



**LINCOLN COUNTY PUBLIC HEALTH**  
 418 Mineral Ave | Libby, MT 59923  
 Tel: (406) 283-2447 | Fax: (406) 283-2466  
 www.lincolnmthealth.com

**PATIENT REQUEST FOR RECORDS**

*All records that are within Lincoln County Public Health's (LCPH) possession are confidential and protected patient information. No medical records shall be released without authorized patient consent.*

***You must allow LCPH 48-72 hours to process your request  
 LCPH will not email private patient medical records***

**Patient Information:**

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I am requesting the following records (*select all that apply*):**

- Complete *imMTrax* Immunization Record
- Tuberculosis (PPD) Testing Results
- Lead Screening Results
- Communicable Disease Record

**I am requesting for Lincoln County Public Health to release my records to (*select one*):**

- In-Office Pick up by:
  - Self
  - Designated person on my behalf: Persons Name \_\_\_\_\_

**-OR-**

- Send my records by:
  - Mail to: (requests by mail require 5-7 business days for delivery)  
 Place/Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_
  - Fax to:  
 Recipient Name: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

*By signing below, I authorize LCPH to send or release the requested records to the locations and persons I have stated. I also give consent for LCPH to collect my immunization records from imMTrax.*

\_\_\_\_\_  
 Patient/Guardian Signature Date

**LCPH OFFICE USE ONLY**

Request Processed On: \_\_\_\_\_ By:    FAX    MAIL    PICK UP

Signature of LCPH Authorized Personale: \_\_\_\_\_