



Saint Alphonbus

A Member of Trinity Health

PATIENT MEDICAL RECORD REQUEST

Please select one of the two request methods offered below.

ONLINE REQUEST



Start your request by scanning this QR code or visit our website at www.saintalphonbus.org/medical-records then select **Option 1**

PAPER REQUEST

Please complete the attached request form, being sure to print clearly & include:

- Patient name, date of birth, address, and phone number
- Specific records being requested and date(s) of service
- Where records should be sent and desired format/delivery method
 - If you have an active MyChart account and would like the records delivered there, please note that on the form
- Patient signature & date (required); If someone other than patient is signing, include relationship/authority to act as representative and attach copy of documentation.

Return the **completed form** and a **copy of your photo ID** in one of the following ways:

- Email bo-him-releaseofinfo@saintalphonbus.org
- Fax (208) 367-2699
- Mail Saint Alphonbus Health System
HIM Release of Information
1055 N Curtis Rd
Boise, ID 83706

Please call Medical Records (208) 367-2101 with any questions.

Thank you for allowing us to serve you.

Rev 7/2025