Health Care Records Receipt Acknowledgment

This is to certify that I have requested and received a copy of my health care record while I am incarcerated. I understand that the sole responsibility for the security of the copy of my health care records is mine alone and that the State of Alaska Department of Corrections bears no further responsibility for these records other than the actual delivery:

|  |  |  |  |
| --- | --- | --- | --- |
| Requestor Name: |  | Signature: |  |
| Offender #: |  | Date: |  |
|  |
| Staff Name: |  | Staff Signature: |  |
| Date: |  |