



PATIENT REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

This request is for an opportunity to examine or secure copies of protected health information in your possession, as detailed below:

Full medical record as maintained in this office.

Medical record for the period from

A specific portion/section of the medical record as follows:

The privacy officer of this facility must first review this request, to determine if the information can be made available. We may be legally prohibited from making certain information available to you or your representative, including:

- Psychotherapy notes
- Information related to legal proceedings
- Information that federal or state laws prevent from disclosure
- Information related to medical research in which I agreed to participate
- Information whose disclosure may result in harm or injury to me or others
- Information obtained under a promise of confidentiality

Every effort will be made to accommodate your request. We will, within 30 days, either arrange for you to inspect the records, provide you with copies of these records, or provide a written explanation of any restrictions of the information you requested. If we deny your request, in whole or in part, you may request a review of that decision. **Charges for service, as permitted by law, will be due and payable upon receipt of record copies.**

Name of Patient	Practice Privacy Officer
Signature of Patient/ Patient Representative	Practice Name & Address
Relationship of Patient Representative	Signature of Privacy Official