Healthcare Partners
A Holistic Medical Practice

1501 US Hwy. 441 North, Suite 1704, The Villages, FL 32159
Phone (352) 750-4333 Fax (352) 750-2023

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Patient Name:_____

Address: _____

Date of Birth: _____ Date of Request:_____

As allowed by the Privacy Regulations, I wish to access the following information contained in my protected health records: (*Please be specific*)

_____

_____

_____

I would like the following access:

☐ **Review/Pick up**. I would like to make an appointment to review ☐ pick up copies ☐ of the above-listed information.

☐ **Format**. I would like to receive the above-listed information in the following format (circle as applicable): CD hard copies

☐ **I would like you to mail/fax** the above listed information to the following address or fax number:

_____

_____

☐ **I would like you to mail or to give the above listed information to the following person.** I have completed and signed the authorization which is attached:

_____

Charges
I understand that I may be charged reasonable clerical costs and that you may charge a copy or other fee associated with this request. I agree to pay these costs prior to receipt of the requested information.

Response
I understand that you will either grant or deny this request within the prescribed time period (30 days if information is maintained on-site, 60 days if the information is maintained off-site. HCP may extend the deadline by an additional 30 days if patient is notified in writing of the extension.) HCP's response will be in writing with an explanation as required by the Privacy Regulations.

_____ _____
Signature Date

_____ _____
Signature of authorized HCP representative Date

If this request is made by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____ Relationship to patient: _____
☐ A copy of my personal representative form or legal document is on file.
☐ Attached is a copy of my personal representative form or legal document.

Revised; 9/23/2013 **Please keep a copy of this request for your records.**