Please Fax back to:
918-582-6060

Request for Access to Protected Health Information

Patient's Name: ______________________________________ Account #:___________Birth Date_____ /_____/______

Address:____

____

Telephone Number: (day) _______________________________ (evening) ___________________________________

The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease, venereal disease which may include but are not limited to diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

I request a copy of: ☐ my dictation (free) ☐ my complete medical records ☐ my x-rays

from The Orthopaedic Center for the period of time beginning __________________ and ending ___________________.

I understand that I may access my health information through any of the following methods.

Please check your desired method:

☐ I prefer to have the requested information copied and mailed to me, or a 3rd party at the following address:

____

☐ I prefer to come into the office to inspect and examine my records. Please call 925-3203 to arrange a time for inspecting the information.

☐ I prefer to have the requested information faxed to me, or a 3rd party at the following number:

____

I understand that The Orthopaedic Center has 30 days to respond to this request, and that if someone else holds the information or it is off-site, the response time is 60 days.

I agree to pay any fees for copying or summarizing my health information. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

Unless revoked or otherwise indicated, the automatic expiration date will be one year from the date of signature or upon occurrence of the following event: ____

Signature: ____ Date: ____________________________

Do not write below this line; for completion by The Orthopaedic Center only.

Accepted by: ____ Date: ____________________________

Information was provided to individual on the following date: ____

Revised 8/5/2010