## REQUEST FOR ACCESS TO HEALTH INFORMATION

**PLEASE COMPLETE SECTIONS A – E**

### Section A

<table>
<thead>
<tr>
<th>NAME</th>
<th>PATIENT NUMBER</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>PHONE</th>
<th>FAX</th>
<th>E-MAIL</th>
</tr>
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<tbody>
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### Section B

**REQUEST IS FOR:**

- [ ] Copy of health information
- [ ] Amendment of health information
- [ ] Access to health information
- [ ] Accounting of disclosures of health information

### Section C

**COPY OR ACCESS TO HEALTH INFORMATION**

**Information requested:**  
__________________________

**Please select appropriate format:**  
- [ ] Paper copy  
- [ ] Review only  
- [ ] Other, please describe: ____________________________

### Section D

**AMENDMENT – PLEASE DESCRIBE REQUESTED CHANGE**

__________________________

__________________________

__________________________

### Section E

**AUTHORIZATION TO PROVIDE**

<table>
<thead>
<tr>
<th>PATIENT SIGNATURE</th>
<th>DATE</th>
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</tbody>
</table>

**To be completed by provider personnel**

**DISPOSITION**

- [ ] Request granted
- [ ] Request denied

**Reason for denial**  
__________________________

__________________________

**SIGNATURE**  
__________________________

**DATE**  
__________________________

Form written 10/8/02 bdg; Revised 10/09/08 jmc  
Attachment to VIII-07