Request for Access to Patient's Health Information

As a patient of RiverSong Plastic Surgery, PC., you are entitled under federal law to access your personal protected health information. In order to process your request for access to this information, please complete this form and submit it to our office. If you have any questions or concerns, please contact the Privacy Officer, K. Vaczy at 978-462-8300.

Patient Information

Patient Name: _________________________________ Birth Date: ____________

Access Method

You have the right to view your protected health information, obtain a copy of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy, or both. If you select copy, please indicate your method of delivery.

[ ] I would like RiverSong Plastic Surgery, PC to obtain medical record/lab results to assist with my treatment from the following:

Name _________________________________ Street _________________________________
City ___________________________________ State ________ Zip ____________

Release type:
(check what applies)

( ) All Medical Records __________________ ( ) Lab Results _______________________
( ) X-Ray Results _______________________ ( ) Other _____________________________

[ ] I would like to **view** my protected health information. I have/will schedule(d) an appointment with RiverSong Plastic Surgery, PC. to view my health information on _____________________________________. I understand RiverSong Plastic Surgery, PC. may have a staff member sit down with me as I review my health information.

[ ] I would like a **copy** of my protected health information. I understand that RiverSong Plastic Surgery, PC may charge me a fee of .15c per page for the copy. I am also aware that I am required to pay the fee in full before I can obtain the copy.

[ ] I will return to RiverSong Plastic Surgery, PC and pick up the copy when it is ready.

[ ] I would like RiverSong Plastic Surgery, PC to send a copy of my record to the following:

____

____

I understand that RiverSong Plastic Surgery, PC may charge me all applicable postage fees.

[ ] I would like RiverSong Plastic Surgery, PC to send the copy via facsimile to the following number: ________________________. I understand that RiverSong Plastic Surgery, PC may charge me a fee of .15c per faxed page.

By signing below, I acknowledge and agree to the above conditions.

____
Signature of Patient

____
Date

FOR OFFICE USE ONLY

Request received on _______________ by ________________
Request reviewed and processed by ______________________ Date _____________