

**PENINSULA CARDIOLOGY ASSOCIATES, P.A.  
REQUEST FOR ACCESS TO HEALTH INFORMATION**

**SECTION A: Patient to complete the following information.**

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

PATIENT TELEPHONE NO.: \_\_\_\_\_ MED. REC. NO.: \_\_\_\_\_

**REQUEST:**

I hereby request that PCA provide me with (check all boxes that apply):

- Access to     My own copy of the requested information checked below:
- My medical records (20 minute appointment). Any time over 20 minutes will be rescheduled for another convenient time for patient and PCA.
  - My billing records.
  - Any other personally identifiable information used by PCA to make medical decisions about me. Please describe: \_\_\_\_\_
  - I am interested in access to or obtaining a copy of all requested information maintained by PCA.
  - I am interested in accessing or obtaining a copy of the requested information relating to the following time period: \_\_\_\_\_ through \_\_\_\_\_
  - I would prefer to receive the requested information in the form of a summary prepared by PCA at a cost to me of \$70.00. Payment to be made in advance.

I wish to receive the requested information in the following format:

- Photocopies     Electronic transmission (if available)     Other (if available) \_\_\_\_\_

Signature of patient or legal representative \_\_\_\_\_

Printed name of legal representative \_\_\_\_\_

Relationship to patient \_\_\_\_\_

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**SECTION B: Peninsula Cardiology Associates, P.A. to complete this section.**

Request for access or copy is  Accepted  Denied

If denied, check the following reason for denial:

- PHI is not part of the patient's designated record set
- Federal law forbids making the requested information available to the patient for inspection (e.g., CLIA or Privacy Act of 1974)
- The requested information is psychotherapy notes
- The requested information has been compiled for legal proceeding
- The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information
- The requested information is temporarily unavailable because the individual is a research participant
- Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others
- Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted
- Licensed health care provider has determined that access to the requested information by the patient's legal representative could result in harm to the individual
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution
- The requested information is not maintained by our facility

**RIGHT TO REVIEW:**

You  do  do not have the right to a review of this denial.

Contact information \_\_\_\_\_  
\_\_\_\_\_

You do have a right to file a complaint with our facility and may do so by contacting \_\_\_\_\_ at \_\_\_\_\_. You also have the right to file a complaint with the secretary of the Department of Health and Human Services. Please see the enclosed information.

Staff Comments \_\_\_\_\_  
\_\_\_\_\_

Signature of staff person \_\_\_\_\_

Print name and title \_\_\_\_\_

*If your request for access to or a copy of the requested information has been granted, you will be charged a processing fee of \$17.90 and \$0.59 per page for photocopying and mailing.*