

## Request for Access to Protected Health Information

Under the Privacy Rule, you or your designated personal representative have the right to access your protected health information (PHI) for the purposes of inspection and/or obtaining a copy. There are certain conditions under which we are permitted to deny access to your PHI. If relevant, any conditions of denial will be explained to you.



- Release to Self/Parent – If you wish for us to release a copy of your/your child’s records to yourself, please complete the following:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

- Release to Third Party - If you wish to release a copy of your records to a third party, please complete the following:

Who will be authorized to receive information (list the individual/entity who is to receive your PHI):

Individual/Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax \*: \_\_\_\_\_ / \_\_\_\_\_

Email \*: \_\_\_\_\_

\* **Secure Communication** – All emails containing PHI will be sent with encryption. The receiver will be instructed to set up an account with our encryption system to access the email.

Description of information to be disclosed - I authorize the practice to disclose the following protected health information about me to the entity, person, or persons identified above:

- Most current x-rays and treatment plan; **or**, send only the following

\_\_\_\_\_

\_\_\_\_\_

patient name

\_\_\_\_\_

patient/parent signature

\_\_\_\_\_

date