



Albany Gastroenterology Consultants, P.C.

Request for Access to PHI (Protected Health Information)

Patient Name: _____ _____	Patient Account: _____
Address 1: _____ _____	Date of Birth: _____
Address 2: _____ _____	Home Phone: _____
City/State/Zip: _____	Work Phone: _____

I hereby request Albany Gastroenterology Consultants, PC to copy my following records and mail them to me at the address provided above:

Description of records to be copied: _____

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including the cost of supplies and labor, and postage related to the production of my information. I understand that the practice reserves the right to charge a reasonable copy fee not to exceed \$.75 per page.

I understand that:

- 1) I am entitled to inspect and obtain a copy of my PHI maintained by Albany Gastroenterology Consultants, PC
- 2) I am required to make a written request for access to PHI using this form, which must be completed in order for Albany Gastroenterology Consultants, PC to provide me with the requested information.
- 3) Albany Gastroenterology Consultants, PC has the right to charge me for copying costs.
- 4) I have the right to request Albany Gastroenterology Consultants, PC to amend my protected health information (PHI) or record in the designated record set.

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Representative
(if applicable)

Relationship to Patient
(if applicable)

FOR OFFICE USE ONLY:		
Date Received: _____	Request Accepted: _____	Request Denied: _____
Reason for Denial (if applicable)		
<input type="checkbox"/> Access is likely to endanger the life or physical safety of the individual or another person		
<input type="checkbox"/> Psychotherapy Notes		
<input type="checkbox"/> The information is compiled for use in a civil, criminal, or administrative action or proceeding		
<input type="checkbox"/> Other		

Date Request Received: _____
 Date Payment Received: _____
 Date Request Fulfilled: _____

Received By: _____
 Received By: _____
 Fulfilled By: _____