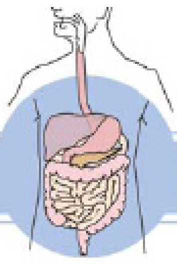

Digestive and Liver Center of Florida, P.A.

Request for Access to PHI (Protected Health Information)

Patient Name: ____________________________ Patient ID # ___________________________

Address 1: _______________________________ Date of Birth: _________________________

Address 2: _______________________________ Home Phone: __________________________

City/State/Zip: ____________________________ Work Phone: __________________________

I hereby request Digestive and liver center to copy my following records and mail them to me at the address provided above:

Description of records to be copied: ____

____

____

I agree to pay Digestive and liver center for the cost of copying and mailing the said records. Such cost is calculated to be: $ _______________.

I understand that:

1) I am entitled to inspect and obtain a copy of my PHI maintained by A Digestive and liver center
2) I am required to make a written request for access to PHI using this form, which must be completed in order for Digestive and liver center to provide me with the requested information.
3) Digestive and liver center has the right to charge me for copying and mailing costs.
4) I have the right to request Digestive and liver center 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)
__ Access is likely to endanger the life or physical safety of the individual or another person
__ Psychotherapy notes
__ The information is compiled for use in a civil, criminal, or administrative action or proceeding
__ Other

Date Request Received: _________________________ Received By: __________________________________

Date Payment Received: _________________________ Received By: __________________________________

Date Request Fulfilled: __________________________ Fulfilled By: __________________________________

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