

REQUEST TO INSPECT OR COPY PROTECTED HEALTH INFORMATION

This form is used by the patient to request an opportunity to examine or copy Protected Health Information in the possession of Phoenix Medical Group, PC.

Information Requested

Please describe the information that you would like to examine or copy:

Review Procedures

Your request to inspect or copy your Protected Health Information will be reviewed by the Privacy and Security Officer, who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to patients or patient representatives, including:

- Psychotherapy Notes
- Information related to legal proceedings
- Information that federal or state laws prevent us from disclosing
- Information that is related to medical research in which you have agreed to participate
- Information whose disclosure may result in harm or injury to you or to another person
- Information that was obtained under a promise of confidentiality

Within the limitations of the law, we will make every effort to accommodate your request.

We will complete our review of your request and either arrange for you to inspect your records within thirty (30) days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Name of Patient (Print or type)

Signature of patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient