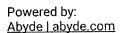
FAMILY VISION CARE CENTER PATIENT ACCESS TO RECORDS REQUEST

Your Right to Request Access

Patient Records Access Request

As a patient, you have the right to request access to, inspect, or copy protected health information about yourself that was created by or is maintained in Family Vision Care Center records. Your rights include receiving an answer to the request within 10 days. If there are delays in acting on your request, you will be told in writing. Your request and the answer will be kept in your patient file.

Name:	
Date of Birth:	
Type of record:	
Date of request:	
 If you are asking to access, look at, or obtain a copy of your protected healt information (PHI) created by Family Vision Care Center please consider the Family Vision Care Center cannot give you access to psychotherapy Family Vision Care Center may deny you access to your PHI if it was Vision Care Center by someone other than a healthcare provider, un of confidentiality. Other Federal or State laws and regulations may prohibit Family Vision from providing you with access to some or all of your records. Your request may be denied if professionals involved in your case be access to your information could be harmful to you or others. You may be charged a reasonable, cost-based fee. 	e following: notes. s given to Family der the promise ion Care Center
This request is to \square view and/or to \square receive a copy of the following PH specific as possible):	I (be as





Family Vision Care Center

This request is to view records from/	to/ and
requests that the records be delivered via	
□ paper mailed copy □ email:	
or other:	
Signature of patient	Date
Signature of personal/legal guardian or representative	Date
Relationship to patient (if applicable):	

For more information on your right of access to PHI and medical records, refer to Family Vision Care Center's Patient Consent Form and Notice of Privacy Practices.

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