

# FAMILY VISION CARE CENTER PATIENT ACCESS TO RECORDS REQUEST

## Your Right to Request Access

*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.*

## Patient Records Access Request

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 health information (PHI) created by Family Vision Care Center please consider the following:

- Family Vision Care Center cannot give you access to psychotherapy notes.
- Family Vision Care Center may deny you access to your PHI if it was given to Family Vision Care Center by someone other than a healthcare provider, under the promise of confidentiality.
- Other Federal or State laws and regulations may prohibit Family Vision Care Center from providing you with access to some or all of your records.
- Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- You may be charged a reasonable, cost-based fee.

This request is to  **view** and/or to  **receive a copy of** the following PHI (be as specific as possible):



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.*

