



# Peter Hoffmann DMD PC

## Request for Access

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When filling out this information, please print legibly and clearly. Thank you.

Privacy Official's Name: \_\_\_\_\_ Telephone: 814-726-3630

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Describe the records you wish to access and the approximate dates of the records:

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### What would you like for us to do for you?

- I wish to see the requested records.
- I wish to get a copy of the requested records.
- If the requested records are in an electronic designated record set, I wish an electronic copy of the requested records the following form and format, if readily producible:

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- If you would like the information emailed, enter the email address here:

\_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**We do not recommend sending patient information in an unencrypted email because third parties may be able to access the email.**

- I want you to prepare summary of the requested records and I agree in advance to pay a fee in the amount of \$\_\_\_\_\_.
- I want you to prepare an explanation of the records that I saw or got a copy of, and I agree in advance to pay a fee in the amount of \$\_\_\_\_\_.
- I want you to send the copy of the requested records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**Fees**

Our practice charges a reasonable, cost-based fee to for copies of patient information, and for postage to mail records if requested.

**Questions?**

Please contact our privacy official listed at the top of this page if you have any questions about your request to inspect or copy records.

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**Signature**

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Patient Name

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Patient Signature

Date

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

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Name of Representative of Patient

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Signature of Representative

Date

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State Relationship to Patient

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**For dental office use only:**

- Request for access denied (attach written denial).
- Request for access approved.

If approved, describe below when and how access was provided. If an electronic copy was provided, describe the form and format of the electronic copy:

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