



Peter Hoffmann DMD PC

Request for Access

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: _____

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

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:

- 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: _____

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.

Signature

Patient Name

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.

Name of Representative of Patient

Signature of Representative

Date

State Relationship to Patient

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:
