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### Records Release from Our Office

Patient Name: \_\_\_\_\_ Patient ID #: \_\_\_\_\_  
[Birthdate or Social Security Number]

I hereby request Dr. \_\_\_\_\_ to allow the release of my medical record.

Please send the copy of my records to:

Name: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

I further understand that:

- 1) All healthcare providers maintain certain protected health information about me as a patient, such as medical and billing records, and records that are used, in whole or in part, to make decisions about me, my treatment, or billing for services rendered.
- 2) I have the right to inspect and obtain a copy of my above mentioned protected health information maintained by the above listed physician.
- 3) My request must be made in writing using this form, which must be completed prior to the above listed physician providing me with the requested information.
- 4) If I request the above listed physician to copy and mail the requested information, they have the right to charge me for copying and mailing the requested information.
- 5) I have the right to request an amendment to my protected health information mentioned above.
- 6) Within 30 days (60 days if information is not maintained or accessible on-site), I will receive a response from the above listed physician indicating whether my request for access has been accepted or denied, or a notification that they require an additional 30 days to consider my request. If they require an extension, they will explain the reason for the delay and the date by which they will make a decision. If they deny my request, they will inform me in writing of the reason for the denial, and instruct me on how I can go about disputing a denial or filing a complaint.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

- Relationship to Patient (if applicable)**
- Parent or guardian of unemancipated minor
  - Court appointed guardian
  - Executor or administrator of decedent's estate
  - Power of Attorney

Request  Accepted  Denied

FOR OFFICE USE ONLY

**Reason for Denial (if applicable)**

- Access is likely to endanger the life or physical safety of the individual or another person
- Psychotherapy notes
- The information is compiled for use in a civil, criminal, or administrative action or proceeding
- Other (full list of other reasons for possible denial at 45 CFR §164.524(a)(1)-(3)):

Date Request Received \_\_\_\_\_ Received By \_\_\_\_\_

Date Request Fulfilled \_\_\_\_\_ Fulfilled By \_\_\_\_\_