OPHTHALMOLOGY SPECIALISTS OF TEXAS

PATIENT ACCESS TO MEDICAL RECORD REQUEST FORM

I, _____, request access to my medical records for my personal inspection or by _____, my personal representative. (Please specify date of record you want access to)
Date_____ Time_____

OR:

I, _____, request OPHTHALMOLOGY SPECIALISTS OF TEXAS make copies of my medical records for my personal inspection. I understand that these records contain protected health information (PHI). I agree to be responsible for the cost of copying these records, including copying fees, labor, supplies, and postage (if applicable). The charge for this will be $___ per page* and I will be charged a minimum of $_____. I agree to pay for this prior to the service being rendered.

Records requesting access to: Complete Medical Records____ Billing____ Labs/Test results___ HIV____
Follow-up Exams_____ Mental Health_____ Other_____

Format:_____

Reason for request: _____

Patient Signature _____

Patient Printed Name and Date of Birth _____

Date of request _____

PRACTICE RESPONSE TO REQUEST (TEXAS LIMITS TO 15 BUSINESS DAYS FOR REQUEST)

__ Grants all or part of your request_____ Date: _____
__ Denies all or part of your request_____ Date: _____

For the following reason: (Circle all that apply)

Not part of your designated record set; contains psychotherapy notes; information was compiled for civil, criminal or administrative actions; subject to CLIA; regards inmate at correctional institution; was created during research; is subject to Federal privacy act; was not created by this practice.
Patient may not appeal if denial is for any of the above reasons

__ Denied at the discretion of the practice as the information may be harmful to the patient or a third party
__ 30-day extension to respond due to _____

__ Complaints :You have the right to file a complaint about a possible violation of our Notice of Privacy Practices or any other failure(s) to comply with privacy policies and procedures. Fill out the complaint form and submit it to Privacy Officer listed on form.