OPHTHALMIC CONSULTANTS OF VERMONT

VERMONT LASER VISION

VERMONT COSMETIC EYE

REQUEST FOR PATIENT ACCESS TO MEDICAL INFORMATION

Our Notice of Privacy Practices provides information about our use of a patient's protected health information. The Notice contains a Patient Rights section describing your rights under the law. Patients have the right to access, inspect and copy protected healthcare information used to make decisions about them.

The Practice will only include information used to make decisions about the patient. The Practice may limit access to information generated only by this Practice. Under some circumstances, such as increased risk of harm or injury, the Practice may withhold the requested information.

The Privacy Officer for this Practice will evaluate this Request and notify the patient of our decision within fifteen (15) days of this Request. If the Request is approved, the Practice will provide the information within thirty (30) days or within sixty (60) days if such an extension is necessary. The Practice may provide a summary of the requested information if you are agreeable.

The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patient Name _____

Health Care Information requested. Please provide dates, diagnosis, treatment, or any other indications of the specific information you desire _____

_____

Is a summary of the information acceptable? _____

Do you wish to:

☐ Arrange an appointment to inspect the requested information?

☐ Receive a copy of the information?

Instructions regarding copies:

☐ Call when the records are ready to be picked up

☐ Please mail the records to the following address:

_____

_____

This Request was signed by: _____ _____

Printed Name - Patient or Representative | Signature - Patient or Representative

Relationship to Patient (if other than patient): _____

Patient Date of Birth: _____/_____/_____ Date: _____/_____/_____

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