

REQUEST FOR ACCESS TO PATIENT'S HEALTH INFORMATION

As a patient of Southern Pain Specialists, you are entitled under federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit it to our office. Your request will then be verified and processed. If you have any questions or concerns, please contact us at 995-9967.

Patient Information

Patient Name: _____ Birth Date: _____

Date of Access Request: _____

Access Method

You have the right to view your protected health information, obtain a copy of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy, or both. If you select "copy", please indicate your method of delivery.

I would like to view my protected health information. I will/have schedule(d) an appointment with Southern Pain Specialists to view this information on _____ . I understand Southern Pain Specialists may have a staff member sit down with me as I review my health information.

I would like a copy of my protected health information. I understand that Southern Pain Specialists may charge me a fee for the copies as set forth in the following schedule: \$5.00 for research and retrieval, \$1.00 per page for the first twenty pages, and \$0.50 per page for each additional page. I also understand that I may be required to pay the fee in full before I can obtain a copy. I have selected my delivery method below:

I will return to Southern Pain Specialists and pick up the copy when it is ready.

I would like Southern Pain Specialists to send the copy via U.S. mail to the following address: _____

I understand that Southern Pain Specialists may charge me all applicable postage fees.

I would like Southern Pain Specialists to send the copy via facsimile to the following number: _____ . (There is no charge for records faxed to another physician's office.)

I understand that Southern Pain Specialists is given thirty days to process my request for access if my information is maintained on-site, sixty days if the information is maintained off-site, and that Southern Pain Specialists may extend the deadline by an additional thirty days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

Signature of Patient

Date