BAYSIDE PEDIATRIC SPECIALISTS P.C.
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BAYSIDE N.Y. 11360

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Request for Access to Patient's Health Information

As a patient of Bayside Pediatric 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 the Privacy Officer. When received by the Privacy Officer, he / she will use the information to verify your identity and process your request. If you have any questions or concerns, please contact the Privacy Officer at (718) 225-6464.

Patient Information:
Patient Name:_____ Date Of Birth:_____
Phone Number:_____ Date of access request:_____
Reason you are requesting copies of your health record:_____

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 a copy of my protected health information. I understand that Bayside Pediatric Specialists may charge me a fee for the copies as set forth in the following schedule: *$.75 per page copied. I understand that I may be required to pay the fee in full before I can obtain the copy.* I have selected my delivery method below (if none is selected I will pick up the copy from the practice): **OR**
( ) I would like Bayside Pediatric Specialists to send me the Immunizations and / or the last check up only.

Delivery Method:
( ) I will return to Bayside Pediatric Specialists and pick up the copy when it is ready.
( ) I would like Bayside Pediatric Specialists to send the copy via U.S. mail to the following address:_____
_____
(I understand that Bayside Pediatric Specialists may charge me all applicable postage fees.)
I understand that Bayside Pediatric Specialists is given thirty days to process my request to access if my information is maintained on-site, sixty days if the information is

maintained off-site, and that Bayside Pediatric 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 further 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 or parent if patient is a minor)

_____

(Date)