

WEISS MEDICAL ASSOCIATES
REQUEST FOR ACCESS TO PATIENT'S HEALTH INFORMATION

As a patient of Weiss Medical Associates, 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. When received, we will use the information provided to verify your identity and process your request. Please contact us with any questions or concerns at (970) 477-0700.

Patient Name _____ Date of Birth _____

Street Address _____

City/State/Zip _____

Phone Number _____

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

I would like to **view/obtain** my protected health information. **I understand that Weiss Medical Associates may charge me a reasonable fee for the copies as set forth in the following schedule: \$1.00 per page for the first 25 pages, \$0.25 for each additional page.** Fees must be paid in full prior to receipt.

I will return to Weiss Medical Associates and pick up the copy when it is ready.

I would like Weiss Medical Associates to send the copy via U.S. mail to the following address:

I understand that Weiss Medical Associates may charge me all applicable postage.

I understand that Weiss Medical Associates has 30 days to process my request if my information is maintained on-site, or 60 days if the information is maintained off-site. Weiss Medical Associates may extend the deadline by an additional 30 days if written notification is provided. 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.

PATIENT SIGNATURE/LEGAL GUARDIAN

DATE

FOR OFFICE USE ONLY:

RECORDS PICKED UP ON _____

RECORDS MAILED ON _____

Weiss Medical Associates
485 Lindbergh Drive, Gypsum CO 81637 • 3971 Bighorn Drive, Vail CO 81657
ph (970) 477-0700 • fax (970) 777-5161