

[Company Name]

**Request to Inspect or Copy Protected Health Information**

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This form is used by the patient to request an opportunity to examine or copy protected health information in the possession of [Company Name].

**Information Requested**

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Please describe the information that you would like to examine or copy:

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**Review Procedures**

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Your request to inspect or copy your protected health information will be reviewed by the Privacy Officer, who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to patients or patient representatives, including:

- Psychotherapy notes
- Information related to legal proceedings
- Information that federal or state laws prevent us from disclosing
- Information that is related to medical research in which you have agreed to participate
- Information whose disclosure may result in harm or injury to you or to another person
- Information that was obtained under a promise of confidentiality

Within the limitations of law, we will make every effort to accommodate your request.

We will complete our review of your request and either arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Patient Signature

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Name of Patient (Print or Type)

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Signature of Patient

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Date

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Signature of Patient Representative

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Relationship of Patient Representative to Patient