

**REQUEST FOR ACCESS TO PATIENT'S HEALTH INFORMATION**

As a patient of *Urological Medical Group of North Orange County* (UMGONOC), you are entitled under federal law to access your personal Protected Health Information (PHI) 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, 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, Rondi Muller, at 714-870-5970.

Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Access Request: \_\_\_\_\_

\_\_\_\_\_ I would like a copy of my PHI. I understand that UMGONOC may charge me a fee for the copies as set forth in the following fee schedule: **\$5 for the research and retrieval due upon records request** and .25 cents per page thereafter. I also understand that I will be required to pay the fee in full before I can obtain the copy.

\_\_\_\_\_ Pick up in Yorba Linda office

\_\_\_\_\_ Pick up in Fullerton office

\_\_\_\_\_ Mail to home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I would like my PHI faxed to \_\_\_\_\_

at fax # \_\_\_\_\_ for the purpose of continued care, moving out of area, or changing providers. I understand that UMGONOC may charge me a fee for the copies as set forth in the following fee schedule: \$15 flat fee. If records are mailed out of state, additional postage fees may apply.

I understand that UMGONOC is given 15 working days to process my request for access if my information is maintained on-site, sixty days if the information is maintained off-site. UMGONOC may extend the deadline by 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.

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date