

FRANKLIN EYE CARE, PLLC PATIENT ACCESS TO RECORDS REQUEST

Your Right to Request Access

As a patient, you have the right to request access to, inspect, or copy protected health information about yourself that was created by or is maintained in FRANKLIN EYE CARE, PLLC records. Your rights include receiving an answer to the request within 10 working days. If there are delays in acting on your request, you will be told in writing. Your request and the answer will be kept in your patient file.

Patient Records Access Request

Name: _____ Date of Birth: _____

Type of record: _____ Date of request: _____

If you are asking to access, look at, or obtain a copy of your protected health information (PHI) created by FRANKLIN EYE CARE, PLLC please consider the following:

- FRANKLIN EYE CARE, PLLC cannot give you access to psychotherapy notes.
- FRANKLIN EYE CARE, PLLC may deny you access to your PHI if it was given to FRANKLIN EYE CARE, PLLC by someone other than a healthcare provider, under the promise of confidentiality.
- Other Federal or State laws and regulations may prohibit FRANKLIN EYE CARE, PLLC from providing you with access to some or all of your records.
- Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- You may be charged a reasonable, cost-based fee.

This request is to **view** and/or to **receive a copy of** the following PHI (be as specific as possible):

This request is to view records from ___/___/___ to ___/___/___ and requests that the records be delivered via paper mailed copy email: _____
or other: _____

Signature of patient

Date

Signature of personal/legal guardian or representative

Date

Relationship to patient (if applicable): _____

For more information on your right of access to PHI and medical records, refer to FRANKLIN EYE CARE, PLLC's Patient Consent Form and Notice of Privacy Practices.