GRANITE PEAKS
GASTROENTEROLOGY

REQUEST TO INSPECT OR RECEIVE A COPY OF PROTECTED HEALTH INFORMATION

______________________________	______________________________
Patient Name (Please print)	Patient's Date of Birth

I am requesting to:

☐ Inspect and view
☐ Receive a paper copy
☐ Receive in a different ***format***, such as an electronic copy by *email* or on a *CD* Rom

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(**Please specify preferred format**. If we cannot provide your records in your requested format, we will provide a paper copy or another format you agree to accept). **All electronic records will be sent encrypted unless stated otherwise in writing on this form.** ****Please include your email address if applicable***.

My protected health information, as follows:

☐ THE FOLLOWING PART(S) OF MY MEDICAL RECORD:

☐ Prescriptions	☐ X-rays, MRIs and/or other imaging reports
☐ Laboratory reports	☐ Pathology reports
☐ Notes on medical progress	☐ Billing, Explanation of Benefits & Payments
☐ Procedure reports	☐ Record & notes from one office visit or one Procedure. Please give date of visit or Procedure:__________________________
☐ Other: Please specify below: ________________________	

☐ MY ENTIRE MEDICAL RECORD ***(i.e.: Everything including Billing/EOB's, outside records, etc.)***.

The first request for copies of your medical records is complimentary.

☐ RECORDS TO BE PICKED UP:

______________________________	______________________________
Signature of person who picked up records	Date records picked up

Printed name of person picking up records: ______________________________________

☐ RECORDS TO BE MAILED to the following address:

____
Name of patient or patient's representative

____
Address

____
City, State Zip code

______________________________	______________________________
Patient or Representative Signature	Date of Request

NOTE: We will respond as quickly as possible as the federal law permits us 3 days to provide either electronic access or copies once documents are available. If any part of this request is denied, we will inform you in writing of the reason for denial and your right to seek a review of our decision.