

**Request for Patient Access to Their PHI**

This form is for patient requests to access (view), receive, or send copies of their own medical information

1. Patient Name: \_\_\_\_\_
2. If applicable, name of personal representative: \_\_\_\_\_  
 a. Relationship to patient: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Date of Records: From (date): \_\_\_\_\_ To (date): \_\_\_\_\_
6. Please check all that apply to your request:

\_\_\_\_\_ I am requesting access to review my medical information from Santa Fe Oral Surgery.

\_\_\_\_\_ I am requesting paper copies of my medical information prepared for my pick-up for records from Santa Fe Oral Surgery at the address listed above.

\_\_\_\_\_ I am requesting electronic copies (CD) of my medical information prepared for my pick-up for records from Santa Fe Oral Surgery at the address listed above.

\_\_\_\_\_ I am requesting paper copies of my medical information be sent to (name and address):  
 \_\_\_\_\_

\_\_\_\_\_ I am requesting electronic copies of my medical information be sent to (name and e-mail):  
 \_\_\_\_\_

7. Information for review or copies, if included in my records:

\_\_\_\_\_ complete health record  
 \_\_\_\_\_ visit summary  
 \_\_\_\_\_ progress notes  
 \_\_\_\_\_ consultation reports  
 \_\_\_\_\_ medications list

\_\_\_\_\_ procedure reports  
 \_\_\_\_\_ x-rays (iCat and/or Pano)  
 \_\_\_\_\_ anesthesia record  
 \_\_\_\_\_ laboratory test (please specify):  
 \_\_\_\_\_ other (please specify):

Electronic record copies will be delivered in a .pdf format unless otherwise specified.

Santa Fe Oral Surgery uses a secure e-mail account to avoid information being read or otherwise accessed while in transit; however, no system of technology is perfect and there could be access that we have no control over. Please let us know if you do not wish to have your information sent via e-mail.

**Signed:** (Patient Name) \_\_\_\_\_ (Date) \_\_\_\_\_ or  
**(Personal Representative)** \_\_\_\_\_ (Date) \_\_\_\_\_  
**ID Provided:** \_\_\_\_\_

**Official Use Only**

Name of person releasing information and date of release: \_\_\_\_\_

\*\*\*This copy is to be kept in the patient's chart.