



**Request to Inspect and Obtain a Copy of Records**

**Section A: REQUEST TO INSPECT AND OBTAIN A COPY OF RECORDS**

South Hills ENT Association will permit you to inspect and obtain a copy of most of your medical information maintained at South Hills ENT Association. *If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

We may deny your request to inspect and copy in certain limited circumstances.

I, \_\_\_\_\_, hereby request to inspect and copy protected health  
(Name of patient or patient's representative)

information in my medical record, as described below.

1. The requesting individual agrees to pay the costs associated with obtaining a copy of the requested portion of the medical record.

2. Provide a specific description of the requested information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If South Hills ENT Association is willing to prepare a summary or explanation of the information requested, do you agree to receive the summary instead of the requested information and to pay for the costs of such summary or explanation?

(mark your choice) \_\_\_ YES \_\_\_ NO

4. Please indicate how you would like to receive the information:

- a. \_\_\_ By mail. I will pay for postage.
- b. \_\_\_ Pick-up in person. I will stop by South Hills ENT Association to pick up the copies.
- c. \_\_\_ Make available on the patient portal. (The Patient MUST create a Patient Portal Account within 24 hours of requesting the records.)

\_\_\_\_\_  
**Signature of patient or patient's representative** **Date**  
Printed name of patient or patient's representative: \_\_\_\_\_

**Section B: For use ONLY by representative of South Hills ENT Association**  
The above request to obtain a copy of protected health information has been reviewed by the Privacy Officer. The request has been:

\_\_\_\_\_ DENIED on \_\_ / \_\_ / \_\_\_\_\_. A denial letter has been sent to the patient.

\_\_\_\_\_ DENIAL REVIEWED? \_\_\_ Yes \_\_\_ Not Requested/ Required  
Signature/Printed name of reviewer, if applicable:

\_\_\_\_\_ APPROVED, effective as of \_\_ / \_\_ / \_\_\_\_\_.

**Signature of Privacy Officer:** \_\_\_\_\_