

Algoma

Nurse Practitioner-Led Clinic

Section: Privacy	Policy Number: PRIVFORM2018-07
Subject: Privacy and Confidentiality	Effective Date: November 2, 2018
Approved by: Executive Director	
_____ Executive Director	_____ Date

Patient Request for Access to or Copies of Medical Records

PATIENT REQUESTING ACCESS:

I, _____, request access to my medical records for my personal inspection or by _____, my personal representative. (Please identify date and time requested for record access)

Date _____ Time _____

PATIENT REQUESTING COPY:

I, _____, request Algoma Nurse Practitioner-Led Clinic make copies of my medical records for my personal use. I understand that these records contain personal health information (PHI). I agree to be responsible for the cost of copying these records, including copying fees, labor, supplies, and postage (if applicable).

Patient Signature:

Patient Printed Name & Date of Birth:

Date of Request:

INFORMATION REQUESTED:

I, _____, request the following information be copied from my medical records and given to me for my personal use:

PATIENT ACKNOWLEDGEMENT OF RECEIPT:

I, _____, acknowledge receipt of the above directed records.

I confirm that this release of records was only valid for records that I have received. I understand an exact replica of what is provided today will be kept and scanned into the medical record.