

# RIGHT OF ACCESS REQUEST

This form is intended to comply with an individual's right under HIPAA to access his/her health information (45 CFR 164.524) and with the Health Information Technology for Economic and Clinical Health Act (HITECH) 42 U.S.C.A 17935. REMINDER: This form is only necessary for written requests (via HITECH) or when the patient requests that his/her protected health information (PHI) be forwarded to a 3rd party.

Please fully complete this form and sign and date at the bottom.

## Information about the medical provider and dates of service:

Name of the Doctors Group:

Specific Account Number(s):

OR, Specific Date Range:

FROM:

TO:

## Information about you, the patient:

Name (as provided at the hospital):

Complete Home Address:

E-mail Address:

Date of Birth:

Last four digits of SSN:

## Information about the 3rd party (if applicable):

Name of Entity:

Mailing Address:

City / State / Zip:

E-mail Address:

## Format of the billing records (electronic or paper copy):

**How and in what format do you want the billing forwarded (choose one):**

PDF file forwarded by secure e-mail message to the e-mail address listed above

Paper record(s) forwarded by U.S. mail to the address listed above

## Instructions, fee and address:

See our website for information on fees: <https://www.mediservltd.com/patient-requests/>

**Mail the completed / signed form and payment to:**

MEDISERV HITECH REQUESTS / P.O. Box 25144 / Fort Worth, TX 76124.

Or, the completed / signed request form may be e-mailed to us at [sendmyrecords@mediservltd.com](mailto:sendmyrecords@mediservltd.com).

**We do not consider the request complete until we receive payment of the applicable fee.**

We will act on the request within 30 days of receiving the paperwork and payment in our office.

## Please sign and date below:

Name of Minor / Patient (Please Print)

Signature of Patient (or Parent or Legal Guardian)

Date Signed

By signing above, you attest under penalty of law that you are either 1) the patient or 2) a natural parent or legal guardian of the minor. Legal guardians must attach appropriate legal document(s).