

Denali Anesthesia, P.C.
PATIENT REQUEST FOR ACCESS TO HEALTH INFORMATION

SECTION A: Patient to complete the following information.

DATE: _____

PATIENT NAME: _____ BIRTHDATE: _____

PATIENT ADDRESS: _____

PATIENT TELEPHONE NO.: _____ ACCOUNT NO.: _____

REQUEST:

I hereby request that Denali Anesthesia provide me with **(check all boxes that apply)**:

My anesthesia medical records.

My anesthesia billing records.

I am interested in obtaining a copy of the requested information relating to the following time period:
_____ through _____.

I am interested in obtaining a copy of all requested information maintained by Denali Anesthesia, P.C.

I wish to receive the requested information in the following format:

Photocopies Fax to _____ Mail to _____

Signature of patient or legal representative: _____

Printed name of legal representative: _____

Relationship to patient : _____

SECTION B: Denali Anesthesia to complete this section.

Request for access or copy is Accepted Denied

If denied, check the following reason for denial:

Federal law forbids making the requested information available to the patient for inspection (e.g. CLIA or Privacy Act of 1974).

The requested information has been compiled for legal proceeding.

The requested information is temporarily unavailable because the individual is a research participant.

- Denali Anesthesia has determined that access to the requested information would result in physical harm to the individual or others.
- Denali Anesthesia has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted.
- Denali Anesthesia has determined that access to the requested information by the patient's legal representative could result in harm to the individual.
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution.
- The requested information is not maintained by our facility.

RIGHT TO REVIEW:

You do do not have the right to a review of this denial.

Contact Information _____

You do have a right to complain to the Secretary of the Department of Health and Human Services.

Staff Comments _____

Signature of staff person _____

Print name and title _____

*If your request for access to or a copy of the requested information has been granted,
you will be charged a nominal fee for photocopying and mailing.*