

### Request for Access to Patient’s Health Information

As a patient of Utica Park Clinic, you are entitled – under federal law – to access your personal, protected health information maintained in a “designated record set.” To request access to this information, please complete this form and submit it to Utica Park Clinic. When received by the Office Manager, he or she will verify your identity and process your request. If you have any questions or concerns, please contact the Utica Park Clinic Privacy Officer / Compliance Officer at 918-579-2981.

**Patient Information:** Patient Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Patient Number: \_\_\_\_\_ Date of access request: \_\_\_\_\_

**Information Requested**

Please indicate specifically the information to which you are requesting access:

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**Access Method**

You have the right to view your protected health information, obtain a copy of the information or both. Please indicate your preference below. If you select “copy”, please indicate your preferred method of delivery.

I would like to **view** my protected health information. I have/will schedule(d) an appointment with Utica Park Clinic to view my health information on \_\_\_\_\_(date). I understand Utica Park Clinic may have a staff member present as I review my health information.

I would like a **copy** of my protected health information. I understand that Utica Park Clinic may charge me a fee for the copies (including faxed copies). I have selected my delivery method below. (If none are selected, I will pick up the copy at Hillcrest Medical Center):

I will pick up a copy of my medical records at Hillcrest Medical Center / Medical Record Department, 1120 S. Utica Avenue, Tulsa OK. This is Utica Park Clinic’s designated pick up site for medical records.

I would like Utica Park Clinic to send the copy via U.S. mail to the following address:

\_\_\_\_\_ I understand that Utica Park Clinic may charge me all applicable postage fees.

I would like Utica Park Clinic to send the copy via facsimile to the following number: \_\_\_\_\_

I would like my copy sent to me electronically via e-mail using the following e-mail address: \_\_\_\_\_

- **WARNING: I understand there is a level of risk that my Personal Health Information (PHI) could be read or otherwise accessed by a third party while in transit and agree to receiving my PHI by unencrypted e-mail using the e-mail address above. My signature indicates I understand and accept the risk:**

\_\_\_\_\_ (Signature of patient)

**IF Utica Park Clinic CANNOT READILY PRODUCE THE INFORMATION IN THE FORM OR FORMAT YOU HAVE REQUESTED, SUCH INFORMATION WILL BE MADE AVAILABLE TO YOU IN A READABLE HARD COPY FORM OR OTHER FORM OR FORMAT AGREED TO.**

I understand that Utica Park Clinic is given thirty (30) days to process my request for access if my information is maintained on-site, sixty (60) days if the information is maintained off-site and that Utica Park Clinic may extend the deadline by an additional thirty (30) days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my medical record as compiled by Utica Park Clinic.

By signing below, I acknowledge and agree to the above conditions.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Relationship to Patient)