

TULANE UNIVERSITY MEDICAL GROUP

PATIENT REQUEST FOR ACCESS TO HEALTH INFORMATION

Our patients and their personal or legal representatives have the right to inspect and obtain a copy of most information in our records that may be used to make decisions about the patients or their treatment for as long as we maintain the information in our records. Patients and their personal or legal representatives may also request that we provide a summary of the information (instead of copies) or an explanation of complicated information. Please see our Notice of Privacy Practices for a more detailed description of these rights and the process we follow once we have received a request. To request access to records, please complete and return the following request form.

PATIENT INFORMATION

Patient Name: _____
Last First MI

Telephone: _____ (daytime) _____ (evening)

Address: _____

Email Address (optional): _____

ACCESS REQUESTED

Please answer the following questions. You may attach a separate page if more space is needed.

What information would you like to access? If you can, please provide the dates that tests were performed or treatment was provided.

What type of access are you requesting? Check all that apply:

INSPECT ____ COPY ____ SUMMARY ____ EXPLANATION ____

If your request to inspect the information is granted, we will provide you with further information on how to schedule an appointment with our staff to inspect your records.

If you are requesting a copy, summary, or explanation of the information, how would you like these materials delivered to you? You may pick up these materials at our facility or request that we send them to you by regular mail.

Check one: PICK UP ____ BY MAIL ____

If your request is being made because of an emergency, please describe the nature of the emergency and the date you need the information. We cannot guarantee that we will meet your deadline, but we will do our very best to accommodate reasonable requests.

FEEES

Copying and Distribution Costs. We will charge you a reasonable fee to recover the costs of copying. Our standard fee for copying is \$.25 per page or \$5.00 for items we can't reproduce with a photocopier (e.g., x-rays, mammograms) and a \$10.00 handling fee.

Summary or Explanation. We will also charge a fee to recover the costs of providing any summary or explanations that you have requested.

A fee of \$25.00 will be charged to prepare a summary of the information for you.

A fee of \$25.00 will be charged to prepare an explanation of the information for you.

Expedited Requests. We will charge a \$25.00 fee to recover the cost of providing an expedited request of your records.

UNDERSTANDING AND SIGNATURE

By signing below, I am requesting that Tulane University Medical Group provide me with access to health information in the manner described above. I understand that I will be expected to pay the fees for a summary or explanation or an expedited request.

Signature of Patient or Personal Representative

Send Completed Form to:

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

For Internal Use Only:

Date Received: (MO/DY/YR) ____/____/____

Disposition of Request: ____ GRANTED ____ DENIED ____ PARTIALLY DENIED

Patient Notified In Writing Of Response To Request On This Date: (MO/DY/YR) ____/____/____

Fee Charged For Fulfilling This Request (if applicable): \$ _____

Name or Initials of the manager of the specific site who is processing this request:
