



"We Cater To Cowards"

Request for Access

Patient's Name (print): _____

Date of Birth: _____ (for identification purposes)

Describe the records you wish to access and the approximate dates of the records: _____

What would you like for us to do for you?

- I wish to see the requested records.
- I wish to get a copy of the requested records.
- I wish to see and get a copy of the requested records.
- If the requested records are in an electronic designated record set, I wish an electronic copy of the requested records the following form and format, if readily producible: _____

If you would like the information emailed, enter the email address here (PLEASE PRINT VERY CLEARLY!): _____@_____

We do not recommend sending patient information in an unencrypted email because third parties may be able to access the email.

- I want you to prepare summary of the requested records and I agree in advance to pay a fee in the amount of \$____.
- I want you to prepare an explanation of the records that I saw or got a copy of, and I agree in advance to pay a fee in the amount of \$____.
- I want you to send the copy of the requested records to:

Name: _____

Address: _____



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Fees

Our practice charges a reasonable, cost-based fee to for copies of patient information, and for postage to mail records if requested.

Questions?

Please contact the Office Manager at 701-364-9990 if you have any questions about your request to inspect or copy records.

If the request is by a patient:

Patient Signature: _____ Date: _____

If the request is by a patient's personal representative:

Print the Name of the Personal Representative: _____

Relationship to the Patient: _____

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

Signature of Personal Representative: _____

Date: _____

For dental office use only:

- Request for access denied (attach written denial).
- Request for access approved.

If approved, describe below when and how access was provided. If an electronic copy was provided, describe the form and format of the electronic copy.
