



John M. Keggi, M.D.
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Request for Access to Protected Health Information

Patient's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

I hereby request that Orthopaedics New England, P.C. provide me with:

___ Access to the protected health information/medical record for the above patient.

___ A copy of the medical record for the above patient.

___ Copies of the following protected health information:

I understand that Orthopaedics New England, P.C. will provide me with access within 30 days of receipt of this written request for access, with the following exceptions:

- If Orthopaedics New England, P.C. received the request less than 30 days after the patient's discharge, Orthopaedics New England, P.C. will furnish the requested record upon completion of the record.
- If the protected health information ("PHI") I am seeking is in an alternative format (such as a computer disc) or in summary format, and Orthopaedics New England, P.C. is unable to respond within the normal 30 day period, Orthopaedics New England, P.C. can take an additional 30 to respond (but will inform me in writing within 30 days of the delay).

I understand that if access to my medical record is granted, Orthopaedics New England, P.C. may impose a reasonable, cost-based fee of \$.45 per page, plus postage for any copies of my protected health information or an explanation or summary of such information.

If I am denied access to my protected health information, I understand that I have the right to have the Orthopaedics New England, P.C. decision reviewed, and may make a complaint to Orthopaedics New England, P.C. or the Secretary of Health and Human Services.

Signature of Person Making Request: _____

Date: _____

Proof of Identification _____

Prepared by _____

Released by _____