PATIENT ACCESS TO HEALTH INFORMATION
REQUEST FOR TRANSFER OF COPY

PENINSULA PEDIATRIC MEDICAL GROUP, INC.

□ 50 S. San Mateo Drive #180
San Mateo, CA 94401
(650) 342-4145/ (650) 342-2070 Fax

□ 1720 El Camino Real #205
Burlingame, CA 94010
(650) 259-5050/ (650) 697-1317 Fax

Contact our Practice Privacy Official at (650) 373-1898

As required by the Health Information Portability and Accountability of 1996 and California law, you have a right to request the opportunity to inspect and copy health information that pertains to you. We will evaluate your request and will either grant it or explain the reason why the request will not be granted. Your right to access does not extend to information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or to information we received in confidence from someone other that another healthcare provider.

Patient name: _____ Date of Birth: _____

Address: _____

Phone number: _____

Type of records requested and charges:
□ All records (minimum charge-$25; over 60 pages-$40)
□ Basic records – copy of immunization record, growth chart(s) & last physical exam only (No charge)
□ Retrieve records located off-site ($20 charge; additional copy fees apply if all records needed)
□ Other (minimum charge - $25):

_____

Please check one of the following requests:
□ Copies for patient or parent to pick-up or mail
□ Transfer records to:

Name: _____

Address: _____

City, State &Zip: _____

Phone number: _____

__ I hereby agree to pay the charges.
__ Please call me to let me know how much these copies will cost.
__ I am requesting these records be provided without charge to appeal the denial of eligibility for Medi-Cal, SSDI or SSI/SSP benefits. A copy of the program's denial notice is attached. I applied for these benefits on _____(date).

PLEASE NOTE: FEES MUST BE PAID WHEN SUBMITTING REQUEST FORM.

Signature: _____ Date: _____
(Patient must sign if over 18 years old)

Print name: _____ Telephone: _____

□ Parent □ Guardian □ Conservator of incompetent patient