



**SOUTH FLORIDA
ENT ASSOCIATES**

Request to Inspect and/or Obtain Copy of PHI

With limited exceptions you have the right to access, inspect and obtain a copy of protected health information (“PHI”) about you as long as the PHI is maintained by South Florida ENT Associates, P.A. in a designated record set (e.g. medical records). However, if you wish to request changes to the information in your designated record set, you must submit such requests for amendment/correction in writing.

Name: _____
(Last) (First) (M.I.)

Patient Chart # _____ DOB: _____

Address: _____

Telephone: _____

Information to be Accessed:

Information to be Copied:

Note: South Florida ENT Associates, P.A. may impose a reasonable fee for supplies and labor of copying or for preparing an explanation or summary if requested.

Signature: _____ Date: _____
Patient or Legal Representative

If Legal Representative, state relationship to patient: _____

Received: _____ Date: _____
Office/Practice Staff Member

If the request is for access to records that are not maintained in our practice (i.e. stored off site) the timeframe may take up to thirty (30) days from date of this request.

If we are unable to provide the requested access action within the time periods specified, we may extend the time period by an additional thirty (30) days. If the additional time is required, the Physician or Privacy Officer will furnish you with a written explanation of the reason(s) for the delay and the date we will provide the requested access.