



Request for Access and Copy of Designated Record Set

Access and Copy of Records: You may request access and a copy of your designated record set from the above named office. The office has 30 days to respond to your request. The office may be granted one 30-day extension to respond to your request. The office must inform you in writing if an extension will be needed.

When you request a copy of your records, OSF may charge a reasonable fee based on the cost of labor and materials to produce the copies for you.

Date of Request: _____ **DOB:** _____

Patient Name: _____ **Phone:** (____) _____

Mailing Address (required): _____

Medical Record Number (if known): _____

Information Requested / Service Date(s): _____

(PRINT) Name of individual completing request

Relationship

An extension of the due date is being requested.

Date Extension Requested: _____

Date Record Set Will Be Available: _____

Reason for Extension: _____

OSF Representative Fulfilling Request: _____

Date: _____ **Charge for Copies:** _____

[Log]

Request for Access & Copy of DRS; **OSFMG form HIPAA 1031**; Created 2/2003; Updated 02/2009; 02/11/10

(Patient/Parent/Legal Guardian requesting copy of the record – to be given to them – NOT to another entity)