



Rankin Children's Group, PLLC

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REQUEST FOR ACCESS TO PATIENT'S HEALTH INFORMATION

As a patient or parent of a patient of Rankin Children's Group, PLLC, you are entitled under federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit it to the Privacy Officer. When received by the Privacy Officer, he or she will use this information to verify your identity and process your request. If you have any questions or concerns, please contact the Privacy Officer, Pam Jobe, at 601-825-0925.

Patient Name: _____ Patient Birth Date: _____

Patient Number: _____ Date of Request: _____ Number of pages copied: _____

ACCESS METHOD: You have the right to view your protected health information, obtain a complete copy or summary of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy or summary, or both. If you select "copy" or "summary," please indicate your method of delivery.

View- I would like to view my child's protected health information. I have scheduled, or will schedule an appointment with Rankin Children's Group, PLLC, to view my health information on _____. I understand Rankin Children's Group, PLLC, may have a staff member sit down with me as I review my health information.

Copy- I would like a copy of my child's protected health information. I understand that Rankin Children's Group, PLLC, may charge me a fee for the copies as set forth in the following schedule:

	Criteria	Effective 07-/01/04
Copying Cost	Pages 1-20	\$20.00
	Pages 21-100	\$1.00 per page
	Pages 101+ per additional pg.	\$.50 per page
Postage & Handling		Add an additional 10% of the total charge for records to cover postage costs.
Retrieval of records from an off-site location		An additional \$15.00 for retrieval of records archived off-site.

Summary- I would like Rankin Children's Group, PLLC, to provide to me an explanation or summary of protected health information. I understand that Rankin Children's Group, PLLC, may charge me a fee of \$15.00 for the explanation or summary, and I may be required to pay the fee in full before I can obtain the explanation or summary.

I will return to Rankin Children's Group, PLLC, and pick up the copy when it is ready.
Telephone number I can be contacted at when copies are ready: _____

I would like Rankin Children's Group, PLLC, to send via U.S. Mail to the following address:

Reason for Record Request - Please list the reason the records are being requested.

Moving **Court** **Referral to a Specialist** **Unsatisfied with Service** **Other** _____

I understand that Rankin Children's Group, PLLC, is given 30 days to process my request for access if my information is maintained on-site, 60 days if the information is maintained off-site, and that Rankin Children's Group, PLLC, may extend the deadline by an additional 30 days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.501 of the Code of Federal Regulations. By signing below, I acknowledge and agree to the above conditions.

Signature of Patient or Parent if Patient is a minor

Print Name of Person Signing

Date

Relationship to Patient