

# REQUEST TO REVIEW/COPY PROTECTED HEALTH INFORMATION

## PATIENT INFORMATION:

Name: \_\_\_\_\_

Account No: \_\_\_\_\_ DOB: \_\_\_\_\_

1. I am submitting this form to request access to, or obtain a copy of, my or my minor child's medical and/or billing records created by the Dermatology Physicians of Connecticut (Practice). I understand I may be charged a reasonable cost-based fee for copies of the records. Applicable postage fees may also apply. My request will be processed within 15-days of the practice's receipt of my completed request and records will be mailed to the below address, unless otherwise indicated. If the practice does not maintain my records, I will be informed where to direct my request, if known. I understand the Practice does not fax records.

2. Check the box indicating how you would like to receive the records:

Mail to my current address: \_\_\_\_\_

Pick-up (you will be required to provide photo-identification at the time of pick-up.) Please provide a phone number where we may contact you when copies are ready for pick up. \_\_\_\_\_

Review in-person (you will be required to provide photo-identification at the time of the review.) Any review of patient records will be conducted in the presence of a Practice employee. Please provide a phone number where we may contact you to schedule an appointment. \_\_\_\_\_

3. Indicate the types of records you would like to receive and the date(s) of service for those records.

\_\_\_\_\_ Entire Medical Records                      \_\_\_\_\_ Pathology Reports Only  
\_\_\_\_\_ Laboratory Results Only                      \_\_\_\_\_ Other \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please return the completed form for processing to the Dermatology Physicians of Connecticut Privacy Officer at an address below.  
Effective Date: April 1, 2013

4 CORPORATE DRIVE, SUITE 386, SHELTON, CT 06484 P: 203-538-5682 F: 203-538-5685 • 148 EAST AVENUE, SUITE 3B, NORWALK, CT 06851 P: 203-538-5682 F: 203-538-5685  
6 BUSINESS PARK DRIVE, SUITE 204, BRANFORD, CT 06405 P: 203-208-4082 F: 203-208-4952 • 1 BRADLEY ROAD, SUITE 705, WOODBRIDGE, CT 06525 P: 203-389-1185 F: 203-389-1427  
1952 WHITNEY AVE, 2<sup>nd</sup> FL, HAMDEN, CT 06518 P: 203-288-1142 F: 203-288-5086 • 425 POST ROAD, 2<sup>nd</sup> FL, FAIRFIELD CT 06824 P: 203-292-9490 F: 203-760-0172  
1 LONG WHARF DRIVE, SUITE 103, NEW HAVEN, CT 06511 P: 203-787-4171 F: 203-865-3344 • 6 SHAW'S COVE, SUITE 204, NEW LONDON, CT 06320 P: 860-440-3744 F: 860-440-3718