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NW Cypress Pediatrics and Family Medicine
Patient request for access to protected health information

This form must be submitted by patients to request inspection and/or copies of their protected health information.
Please read the instruction page (attached) before completing this form.

I. Patient name: Birth date:
Mailing address: Home phone:
City, State, ZIP: Dates of service:

II. I wish to (check one): Inspect the record Obtain copies of the record. (See fees on instruction page.)

III. I want to inspect or obtain copies of the following reports:

( ) Abstract - includes face sheet, discharge summary, history and physical exam, operative and pathology reports, consultation reports, radiology reports and EEGs

Or:

- ( ) Discharge summary ( ) Operative reports
( ) History and physical exam ( ) Clinic/outpatient record
( ) Consultation reports Which clinic or doctor?
( ) Progress notes ( ) Billing claim forms
( ) Radiology reports ( ) Itemized statement of charges
( ) Laboratory reports ( ) Other, specify:
( ) Pathology reports ( ) All information

Or, for mental health records (may require physician/psychologist approval):

- ( ) Psychiatric/mental health records ( ) LSC/CAP records
( ) Neuropsychological testing ( ) Other, specify:
( ) All information

Please note that currently NW Cypress Pediatrics and Family Medicine can provide only paper copies for most reports.

IV. I request NW Cypress Pediatrics and Family Medicine to provide me with access to the protected health information as described above. I understand:

- The information released may contain information related to AIDS or HIV infection; drug or alcohol abuse; mental or behavioral health or psychiatric care, except for psychotherapy notes.
NW Cypress Pediatrics and Family Medicine, PLLC reserves the right to verify my identity/guardianship
I will be charged for copies that I have requested.

Signature: Date

Printed name: Relationship to patient:

V. Mail copies to (address):

City, State, ZIP:

Or, if you wish to pick up the copies, give phone number to call:

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Mail or deliver completed form to } NW Cypress Pediatrics and Family Medicine
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