

**BAYOU PEDIATRICS AND ASSOCIATES, APMC**  
**REQUEST FOR ACCESS TO MEDICAL INFORMATION**

Our Notice of Privacy Practices provides the information about our use of patient protected health information. The Notice contains a Patient Rights section describing your rights under the law. Patients have the right to access, inspect, and copy protected health information used to make decisions about them.

The practice will only include information used to make decisions about the patient. The practice may limit access to information generated only by this practice. Under some circumstances, such as increased risk of harm or injury, the Practice may withhold the requested information. The Privacy Officer of this Practice will evaluate this request and notify the patient of our decision within 15 days of the request. If the request is approved, the practice will provide the requested information within 30 days or 60 days if such an extension is necessary. Reasonable cost may be charged for the request.

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

I \_\_\_\_\_ (Name) \_\_\_\_\_ (relationship to patient) authorize

\_\_\_\_\_ to release a copy of medical records to:

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

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

Telephone: \_\_\_\_\_

Address:

Extent of Authorization:

\_\_\_\_\_ a) I authorize the release of the complete health record

\_\_\_\_\_ b) I authorize the release of the complete health record with the exception of:

\_\_\_\_\_

\_\_\_\_\_  
Signature of patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_ I will pick up the copies

\_\_\_\_ Please mail copies to \_\_\_\_\_

