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Cottage Grove Cardiology, P.C.
Specializing in Cardiovascular Medicine

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REQUEST FOR ACCESS TO AND/OR OBTAINING A COPY OF PHI

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA), you have a right to request the opportunity to inspect and/or obtain a copy of your health information, referred to by the Practice as its Designated Record Set. If you are requesting a copy of your information, we have a right to impose a reasonable fee to compensate us for the cost of fulfilling your request (e.g., copying, labor and postage). *Connecticut state law permits us to charge a \$.65 per page. This fee is all inclusive of labor, copying and postage. Unless otherwise specified, only the most recent findings, progress notes and test results will be provided. There is no charge for Veterans.*

I am hereby requesting to inspect and/or obtain a copy of my health information pertaining to me, maintained at the Practice.

I am the legal representative for the patient mentioned below. I am hereby requesting to inspect and/or obtain a copy of his/her health information maintained at the Practice. **Legal documentation (ie. health surrogate, court order, living will) must be provided to us if you are not the patient.**

I request that my medical records be sent to me via email. I acknowledge that personal information sent by email is not encrypted and CGC is not responsible if my information is obtained by a third party.

Check if records are to be picked up.

Patient Name: _____

Address to send medical records: _____

Email address: (if requesting documents to be emailed) _____

Signature of Patient or Representative Printed Name of Patient or Representative Date

I understand that once my medical records are mailed or picked up that liability is released for Cottage Grove Cardiology, PC for lost or stolen records. Medical records will be sent U.S. Postal mail unless otherwise requested.

PRACTICE REVIEW SECTIONS:

Reviewed by: _____	Review date: _____
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