



2085 Providence Way, Idaho Falls, ID 83404
Privacy Official: Greg Simpson
Phone: (208) 525-4888 Fax: (208) 525-4885

Request for Access to Records

Notice to Patient: You may use this form to request, inspect, or copy information maintained in our office about you. This Type of request is described in our Practice's Notice of Privacy Practices.

Patient Name: _____ DOB: _____

Email address (must be provided): _____

Description of Records Requested:

(Please describe the records or types of records requested. Please also let us know how far back in time you want us to access records.)

Scope of Request:

(Please let us know if you want to: 1) inspect records; 2) copy records; or 3) both.)

- I would like to *inspect* the requested records.
- I would like to *obtain a copy* of the requested records.
- I would like to both *inspect* and *copy* the requested records.

Fee for Requested Records

When mailing records, the charge is \$25 for the first 50 pages with an additional .20 for each additional page thereafter. We also charge postage if sending records by mail. When sending electronically, a flat fee of \$6.50 is charged.

Patient Information and Authorization

Print Name of Patient: _____

Signature of Patient: _____ Date: _____