Patient Request for Access

Patient Name ____ DOB ____________________

Address ____

City ______________________________ State _____________ Zip Code _________________

Date of Service ______________________

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: (check all that apply)

_____ Access to review my health information

_____ Access to obtain copies of my health information

Signature: ____________________________________ Date: __________________________

If parent or guardian of minor patient:

Name: ___________________________ Relationship to Patient: ___________________

A leading community in which to live, work and thrive.
2100 Radio Drive · Woodbury · Minnesota · 55125-9598
(651) 714-3600 · woodburymn.gov