Eastern Eye Associates
OPTOMETRISTS

REQUEST FOR ACCESS TO MEDICAL RECORDS
OR TRANSFER RECORDS TO ANOTHER HEALTHCARE PROVIDER

Eastern Eye Associates, Inc., Optometrists provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

Records requested from Eastern Eye Associates, Inc., Optometrists will only include information used to make clinical decisions about the patient. The Practice may limit access to information generated only by Eastern Eye Associates, Inc., Optometrists. 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 fifteen (15) days of this Request. If the Request is approved, the Practice will provide the information within thirty (30) days, or within sixty (60) days if such an extension is necessary. Reasonable costs may be charged for the Request.

Patient Name: _____ Social Security #: _____

Healthcare Provider/Facility: _____

_____

Healthcare information requested: _____

_____

_____

Is a detailed summary letter of the information acceptable? _____ YES _____ NO

Instructions regarding requested information:

_____ Please mail/fax the copies to: _____

_____

_____ Arrange an appointment to inspect the information: _____ YES _____ NO

_____ Eye care transferred to the above stated: _____ YES _____ NO

This Request was signed by: _____
Patient or Representative

Relationship to Patient (if other than Patient): _____

Date: _____