

**Individual Request for Access to Protected Health Information
On The Go Chiro - Dr. Tory Brooks, D.C.**

Under the Health Insurance Portability and Accountability Act, you have a right of access to inspect and obtain a copy of your health information contained in a Designated Record Set. The "Designated Record Set" includes information such as medical records and billing records maintained by or for a covered health care provider or records used to make decisions about individuals.

Please indicate the specific information to which you are requesting access:

Itemized Receipt(s) Chart Notes Imaging Reports Other _____

** Itemized receipts included diagnosis codes and CPT treatment codes.*

On The Go Chiro. will act on this request within 30 days of the date listed above or, within 60 days if the requested information is not maintained or accessible to On The Go Chiro on-site. Such action will either inform you of the acceptance of the request and provide you with the requested access; or provide a written denial explaining the reasons for the denial and whether you are entitled to have the denial reviewed.

If the requested information is contained in more than one Designated Record Set or at more than one location, and access is granted, On The Go Chiro needs only to provide you with access to information contained on one of the Designated Record Sets.

Please indicate the form or format you would like to receive your requested information. We do not recommend sending patient records through unsecure emails. On The Go Chiro uses a secure email to send patient records that require a username and password. Please provide the necessary numbers or address where the information should be directed:

Email address _____ Secure Email with your customized password

(recommended) Regular Email Fax _____ Hard Copy to be mailed

(USPS).

If On The Go Chiro cannot readily produce the information in the form/format you have requested such information will be made available to you in a readable hard copy form or another format agreed to.

On The Go Chiro may impose a fee to cover the cost of labor, copying, postage, and preparing a summary of the requested information. Do you agree to such fees imposed by On The Go Chiro for providing a copy or summary of the requested information? ___Yes ___No

Print Name

If not patient state relationship to patient

Signature

Today's Date