NYU Langone Health

Patient Request to Inspect Protected Health Information

Federal and state law provide you the right to inspect medical records, billing records or other records that we may use to make health care decisions about you, for as long as the information is maintained in a Designated Record Set. You may also request that we provide a summary or an explanation of the information in lieu of access to inspect the information. To make a request to inspect your health information, please complete and return the form to: NYU Langone Health Privacy Officer, One Park Ave, 3rd Floor, NY, NY 10016.You will receive a response within 10 days of receipt of your request.

Patient Name (print): _____

Patient Address: _____

Phone Number: _____ Email: _____

Description of information you are requesting access to inspect (list specific dates of service):

_____

_____

_____

_____

☐ I am requesting an opportunity to INSPECT the above information. -OR-

☐ I am requesting that NYU Langone Health provide a SUMMARY OR EXPLANATION of the above information in lieu of my right to inspect the information. I understand that I may be charged a reasonable, cost-based fee not to exceed $50 for the preparation of the summary or explanation. I will be notified of the fee in advance.

By signing below, I am requesting that NYU Langone Health permit me access to the above described Protected Health Information.

Signature: _____ Date:_____ Time:_____ AM/PM

(Patient or person authorized to sign)

If the person consenting is not the patient, please print name and type of authority to sign. Supporting documentation should be provided at the time of submission.

Name/Authority: _____

Note: This form should be scanned into the patient's electronic medical record.

(10/17)