

BONE & JOINT CLINIC OF BATON ROUGE, INC.

Request for Inspection and/or Copy of Protected Health Information

You have a right as required by the Health Insurance Portability and Accountability Act of 1996 to request the opportunity to inspect and copy health information that pertains to you. **BONE & JOINT CLINIC OF BATON ROUGE, INC.** can evaluate your request to inspect these records and can either grant your request or deny the request. If such request is denied, an explanation will be given as to the reason why the request will not be granted. In the event that your inspection request is denied, you may request that the decision be reviewed by someone other than the person who originally denied the request.

I, _____ (print name) hereby request to inspect and/or copy the health information pertaining to me maintained at **BONE & JOINT CLINIC OF BATON ROUGE, INC.** Please provide me with access and/or a copy to the following information.

Patient's Signature

Date

Last Four (4) Digits of SS# _____

Date of Birth _____

Bone & Joint Clinic of Baton Rouge, Inc.
Employee

Date

REVIEW SECTION

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

The inspection request is hereby:

Granted _____

Denied _____

If the request is denied, indicate the reason for the denial:

Reviewer's Comments:

Signature

Date

ADDITIONAL REVIEW SECTION

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

Reviewer's Decision:

Grant the Inspection Request ____

Deny the Inspection Request ____

Reviewer's Comments:

Signature

Date