

Written summary. I would like a written summary of the information requested. I understand that I may be charged a fee as explained below.

CHARGES

Copies . I understand that you may charge me a reasonable fee of up to \$0.45 per page, including any research fees, handling fees and the cost of first class postage, if applicable, for copies of the information requested. I also understand that I may be charged a fee as necessary to cover the cost of materials for providing a copy of an x-ray. .

- I hereby agree to pay the copying charges specified above. Please bill me.
- Please call me to let me know how much these copies will cost and to arrange payment.

I am requesting these records be provided without charge because they are requested for purposes relating to a claim or appeal under a provision of the Social Security Act. Documentation of the claim or appeal is attached.

Written Summary. I understand that I will be charged a fee of _____ for the cost of preparing the summary requested.

Signed: _____ **Date:** _____

Print Name: _____ **Telephone:** _____

If not signed by the patient, please indicate your relationship to the patient _____

Response to Request for Patient Access to Health Information

Pulmonary and Internal Medicine Associates of Greater Hartford, PC

290 Collins Street
Hartford, CT 06105

Suite 4307
1000 Asylum Avenue
Hartford, CT 06105

162 Mountain Road
Suffield, CT

Christine Merritt, Privacy Officer
(860) 278-3812

Dear _____:

We received your request for access to [your health information] [the health information of _____].

Patient's name and address

- Your request is granted.
- You may come in and inspect the records on _____
(date and time within 30 days after receipt of request)
- We will send the copies you requested. You will be charged a fee of \$ _____
- We will provide the written summary you have requested. You will be charged a fee of \$ _____.
- Your request is denied. The basis for the denial is: _____

- You have a right to have the denial reviewed by a licensed health care professional who was not directly involved in the decision to deny your request. You may request a review by submitting a written request to the Privacy Officer at the address at the top of this form.

- You do not have a right to have the denial reviewed. If you feel that your privacy rights have been violated, you may submit a written complaint to the Privacy Officer at the address at the top of this form. You may also submit a written complaint to the Department of Health and Human Services.

NOTE: If you believe your rights have been violated, you may file a complaint with this medical practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to our Privacy Officer at the address listed at the top of this form. You will not be penalized for filing a complaint. A complaint form is available from the Privacy Official listed above.