

REQUEST TO ACCESS, INSPECT, AND COPY PROTECTED HEALTH INFORMATION

**New River Family Wellness, PLLC
420 East Second Street, West Jefferson, NC 28694**

**Please complete and mail to: Privacy Officer
New River Family Wellness, PLLC
420 East Second Street
West Jefferson, NC 28694**

A fee will be charged for Copied Charts which is available upon request.

Name: _____	Request Date: _____
Street Address: _____	Birth Date: _____
City/State/Zip: _____	Medical Record #: _____

Information Requested: Please describe the information that you would like to examine or copy:

Review Procedures: Your request to inspect or copy your protected health information will be reviewed by the Privacy Officer, who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to patients or patient representatives, including:

1. Psychotherapy notes
2. Information related to legal proceedings
3. Information that federal or state laws prevent us from disclosing
4. Information that is related to medical research in which you have agreed to participate
5. Information whose disclosure may result in harm or injury to you or to another person
6. Information that was obtained under a promise of confidentiality

Within the limitations of law, we will make every effort to accommodate your request.

We will complete our review of your request and either arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Patient Signature:

Name of Patient (Print or Type)

Signature of Patient/Patient Representative (Relationship to Patient)

Date