

**JERSEY UROLOGY GROUP, P.A. ("JUG")
PATIENT REQUEST FOR ACCESS TO INFORMATION**

A JUG patient has a right to access his or her protected health information ("PHI"), which includes a right to inspect or copy his/her PHI, or both. JUG may provide a summary of the requested PHI if the patient is agreeable.

Under some circumstances, such as increased risk of harm or injury, JUG may deny the patient's request for access to PHI. JUG will evaluate the patient's request for access upon receipt and notify the patient of JUG's decision within thirty (30) days of receipt of the request. If JUG approves the patient's request, JUG will provide the PHI within thirty (30) days, or within sixty (60) days if an extension is necessary. JUG will charge the patient for the following costs related to fulfilling the request (not to exceed \$100): (1) labor for copying the requested PHI, whether in paper or electronic form; (2) supplies for creating the paper copy or electronic media (e.g., CD or USB drive); (3) postage, when the patient requests that JUG mail the information; and (4) preparation of an explanation or summary of the PHI, if agreed to by the individual. Costs will be submitted to the patient after JUG fulfills the request.

Patient Name: _____ SSN: _____ DOB: _____

Would you like a copy of your entire medical record (Check One)? YES NO

If NO, describe the specific information you are requesting, including dates, specific tests, or any other indications of the specific information you desire: _____

Is a summary of the information acceptable (Check One)? YES NO

Do you wish to (Check One):

- Arrange an appointment to inspect the requested information?
- Receive a copy of the information?

If you would like to receive a copy of the information, what format would you like it in (Check One)?

- Paper Copies
- Electronic Format. Specify (USB drive, CD, etc.): _____

Instructions regarding copies.

- I will pick the copies
- Please mail the copies to _____ at the following address:

This Request was made by: _____
Printed Name - Patient or Legal Representative

Signature of Patient or Representative: _____

Relationship to Patient (if other than patient): _____

Date: _____ / / _____

FOR INTERNAL OFFICE USE ONLY

Approved: _____

Denied: _____

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

If JUG has denied your request for access, you may have a right to have the denial reviewed by a licensed health care professional designated by JUG.

The right of review _____ does _____ does **not** apply to your request. If the right applies, to request such a review, please direct a written request for the review to Jersey Urology Group, P.A., Attn: Privacy Officer, 403 Bethel Road, Somers Point, New Jersey 08244.

If JUG has denied your request for inspection, you may contact Jersey Urology Group's Privacy Officer at (609) 927-8746 or by writing to Jersey Urology Group, P.A., Attn: Privacy Officer, 403 Bethel Road, Somers Point, New Jersey 08244. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the denial. Your complaint to the Secretary must be filed in writing, either electronically or on paper.

Signature: _____ Date: _____