



9675 BRIGHTON WAY, SUITE 100 ■ BEVERLY HILLS, CA 90210 ■ (310) 659-6333 x3311 ■ FAX (310) 388-1554

REQUEST FOR INSPECTION OF PROTECTED HEALTH INFORMATION AND MEDICAL RECORD REQUEST FORM

REQUEST SECTION

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request the opportunity to inspect and copy health information that pertains to you. Specialty Surgical Center (“SSC”) will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted you may request that the decision be reviewed by someone other than the person who originally denied the request.

I, _____ (Patient Name) hereby request to inspect the following health information pertaining to me maintained at SSC:

Signature of Patient

Date

SECTION FOR SPECIALTY SURGICAL CENTER USE ONLY – TO BE COMPLETED BY REVIEWER

Date Received

SSC Reviewer

Date Reviewed

Inspection Request:

Accepted Denied

Reviewer's Comments:

SSC Reviewer Signature

Date