

Loma Vista Obstetrics and Gynecology Medical Group
2577 Samaritan Drive, Suite 810
San Jose, CA 95124
T: 408-358-1888
F: 408-356-0877
www.lomavistaobgyn.com



Patient Request to Access Health Information From Loma Vista Ob/Gyn Medical Group, Inc.

As required by the Health Information Portability and Accountability Act of 1996 and California law, you have a right to request the opportunity to inspect and copy health information that pertains to you. We will evaluate your request and will either grant it or explain the reason why the request will not be granted. Your right to access does not extend to information compiled in reasonable participation of, or for use in, a civil, criminal or administrative action or proceeding, or to information we received in confidence from someone other than another health care provider.

All records request are processed in 10 business days.

I hereby request access to health information for: (please print)

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

SCOPE OF ACCESS REQUESTED:

I would like access to: all records (choose below) The portion of the records concerning:

(Specify type of disease, accident, dates of treatment, or other portion of records you are interested in.)

TYPE OF ACCESS REQUESTED:

For requests that have a fee, records will be prepared and sent after payment.
Payments can be made in cash, check, or credit. Credit payments can be made over the phone.

- Up to 1 year (**No charge**)
 All records (**\$25.00 fee**)

WHERE RECORDS ARE BEING SENT:

Name/Business: _____
 Patient pick up
 Fax (up to 10 pgs only) Fax Number: _____
 Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

Sign below and fax with a copy of photo ID to Loma Vista at 408-356-0877

Signed: _____ **Date:** _____ **Expiration Date:** _____

If not signed by the patient, please indicate relationship:

- parent/guardian of minor patient guardian/conservator of an incompetent patient