



Surgical Consultants of Dallas, L.L.C

Request to Release, Inspect or Copy Protected Health Information

Surgical Consultants of Dallas, L.L.C. requires all patients to complete this form when requesting to release, inspect or copy protected health information.

Please briefly list the information that you would like to release, examine, or copy;

1. _____
2. _____

Release Records

To:

Review Procedures:

Your request to inspect or copy your protected health information will be reviewed by the Patient Coordinator or other designated party who will review this request, consult with other responsible parties, and notify you if it is determined that the information you have requested, either in whole or in part, can be made available to you. There are certain circumstances where we may be legally prohibiting from making the certain information available to you or your legal representative 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 that may result harm or injury to you or another person if disclosed
6. Information that was obtained under a promise or confidentiality
7. Information from another provider

As per applicable laws, we will make every effort to accommodate your request. You will be notified within 30 business days with the decision to release or not to release your health information. If you do not agree with the results of the decision, your notification will include to process to request a review of the decision.

Patient Signature

Signature of Patient Representative

Name of the Patient and Date

Relationship of Patient Representative to Patient