

With some exceptions, you have the right of access to obtain a copy or inspect your medical record held by Mayfield Clinic. Your medical record includes any item, collection or grouping of information that includes protected health information related to care and treatment or billing and is maintained by or for Mayfield Clinic. We are not always required to grant such access but each request will be carefully reviewed and approved if warranted. We will strive to notify you within 30 - 60 days whether your request has been approved or denied and the reasons for any denial.

Last Name _____ First _____ Init. _____

Maiden _____ Telephone (____) _____ - _____ DOB ____/____/____

Please indicate the medical information you wish to review:

Information from (date) ____/____/____ to ____/____/____ as indicated below:

Clinical Documents

- Entire Chart
- Office Visit Notes
- Testing Results
- Priority Consult History and Documents

- Consultation Reports
- Hospital Documents in our chart
- Operative Report
- Other _____

Financial Documents

- Billing Statement

I wish to: (check box that applies)

- Receive an electronic copy of the requested information by secure email at the following address:
Email: _____
- Receive a paper copy of the requested information by mail at the following address:
Name _____
Address _____
City, State zip _____
- Come in to inspect the information listed above.
- Come in to inspect the information listed above and obtain a copy at the same time.

Note that if you request to receive a copy of the information, we may charge you a reasonable fee for preparation, copying and postage as allowed by state law.

Patient/Legal Representative Signature* _____

*Describe scope of authority to act for patient _____

Date (Must be no more than 60 days prior to submission) ____/____/____

Received By _____ Date Received ____/____/____

Medical Record # _____ Sent to _____

Date Sent ____/____/____

Mail completed form to: Mayfield Clinic, Attn: Medical Records, 3825 Edwards Road, Suite 300, Cincinnati, OH 45209.