

ACUITY EYE SPECIALISTS
AND ITS AFFILIATED COVERED ENTITIES
REQUEST FOR ACCESS FORM

I hereby request that Acuity Eye Specialists provide access to health care information regarding the following patient that is maintained by the clinic:

PATIENT NAME:

BIRTH DATE: _____ SSN: _____

ADDRESS:

TELEPHONE:

DESCRIBE THE INFORMATION YOU WOULD LIKE TO ACCESS (Please include dates).

PLEASE CHECK THE METHOD OF ACCESS THAT YOU DESIRE:

- In-person inspection at our office
- Copies — Please note that there may be a charge associated with copying and shipping your records. You will be informed of and billed for these charges prior to shipping.
 - Copy of information in electronic format, in the event RIC uses or maintains an electronic health record. Please note that there may be a charge associated with obtaining a copy of such information. You will be informed of these charges prior to your receipt of the copy. Other (please specify):

If you are requesting shipment of records, please specify the delivery address:

If you are not the patient, please fill out the following information:

Name:

Relationship to Patient:

Address (if different from above):

Telephone (if different from above):

Please furnish a copy of any conservator/guardianship papers with this request.

SIGNATURE:DATE

All requests for access must be submitted in writing to:

Mike Runquist, Privacy Officer
Acuity Eye Specialists
200 E. Del Mar Blvd, Suite 118
Pasadena Ca 91105