THE SPINE CENTER OF LOUISIANA, INC. Medical Records Department
9001 Summa Ave, Suite 346
Baton Rouge, LA 70809
Fax: 225-515-5705 Phone: 225-515-5700 ext. 1002 mcorbnn@spinela.com

Request for Inspection and/or Copy of Protected Health Information

You have a right as required by the Health Insurance Portability and Accountability Act of 1996 to request the opportunity to inspect and copy health information that pertains to you. **THE SPINE CENTER OF LOUISIANA, INC.** can evaluate your request to inspect these records and can either grant or deny the request. If such request is denied, an explanation will be given as to the reason why the request will not be granted. In the event that your inspection request is denied, you may request that someone review the decision other than the person who originally denied the request.

Patient's Name: _____ DOB_____ Last 4 SSN_____

Telephone:_____

Requestor (If not patient):_____ Relationship to patient_____

I hereby request to inspect and/or copy the health information pertaining to the above named patient maintained at The Spine Center of Louisiana, Inc. Please provide me with access to and/or a copy of the following information (please be specific):

☐ **Paper Copies of Chart (no charge for 1st set provided)**
Date of Service (approx.) _____ Description
_____

☐ **MRI / X-Ray Images (burned on CD) $10**
Date of Service (approx.) _____ Description
_____

_____ _____
Patient's / Requestor's Signature Date

Please Choose ONE of the following:

☐ I am currently in the clinic and will wait for my copies (takes approx. 10-15 minutes).
☐ I will pick up my copies- please wait for phone call before coming to pick up. Phone # _____
☐ Fax copies to ME. My fax # is: _____
☐ Mail copies to ME. My address is: _____
☐ Please note that we are unable to email records at this time.

For Office Use Only

_____ _____ **BJCBR**
Employee **Date Received**

Reviewed by: _____ Review Date: _____

This request is hereby ____ Granted ____ _ Denied
If gr anted, released #pages_____ #Film CDs_____ #Films_____

_____ _____
*Sent electronically for review by Chief Privacy Officer

Charges

- Papers _____
- Radiology CD _____
- Radiology Films _____
- Postage / Handling _____
- Total _____

-OR- No Charge