## UNIVERSITY OF SOUTHERN CALIFORNIA ACCESS REQUEST FORM

Patier	nt's Name:			
Date	of Birth:	Last	First	Middle
Phone Number:				
I here the fo	by request that llowing inform	my University action (check all	of Southern California health care provide that apply):	der(s) provide me with
	My clinical records (e.g., medical record, dental record)  My x-rays  My billing records  Other  (Must be personally identifiable information used by USC to make clinical decision about the patient)			
Pleas	e check the bo	xes that apply:	:	
	I am only interested in accessing or obtaining a copy of Requested Information relating the time period through			
	I am intereste (please list th	ed in accessing e name of your	or obtaining a copy of all Requested Info health care provider(s) whose records yo	ormation maintained by ou wish to access):
	***************************************			
cost to	I agree to rece me of \$	vive the Reques	ted Information in the form of a summary	y prepared by USC at a
I unde	rstand that any	l from Request information pro l in reasonable a	ovided to me pursuant to this request will anticipation of (or for use in) a civil, crim	not include iinal or administrative

proceeding or as may otherwise be limited or restricted by applicable law. If I am a parent or legal guardian requesting access to a minor's information, I further understand that I will not be provided access to records related to certain categories of treatment as required by law (for example, a minor's receipt of contraception and/or family planning services).

## Process if Request Denied

I understand that USC may deny this request under limited circumstances as provided for under federal and state law protecting the privacy of health information. I further understand that, except as otherwise permitted under applicable law, I have the right to have a denial of my request reviewed by a licensed health care practitioner selected by the USC who did not participate in the initial decision to deny my request.

I understand that USC will notify me of its decision to approve or deny my request to inspect the Requested Information within five (5) working days of receiving this request and within fifteen (15) days after receiving this request if my request is for copies, unless I agree to additional time to respond. USC will provide me with a summary of the Requested Information within ten (10) working days of receiving my request, or within a maximum of thirty (30) days if USC notifies me that more time is necessary, either because of the length of the record or because I was discharged from the hospital within the ten (10) day period to produce the summary.

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e following address; OR
value in mg address, ore
Tribe semination and
P 248.357.3330
F 248.357.3337
ge for the copying services necessary to gees.
Date
 Date