

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.

Format for Providing Information

I would prefer to:

- pick-up or view the Requested Information at a mutually agreeable time and place; OR
- have the Requested Information mailed to me at the following address; OR

have the Requested Information mailed to

RECORDS DEPOSITION SERVICE, INC. P 248.357.3330
PO BOX 5054 F 248.357.3337
SOUTHFIELD, MI 48086-5054

I understand that USC will charge me [\$_____] per page for the copying services necessary to complete my request, as well as any applicable mailing fees.

Signature of Patient (or Personal Representative)

Date

Printed name of Patient or Personal Representative

Date

Relationship of Personal Representative to Patient