



Use this form to request to inspect or obtain copies of your protected health information (PHI), in the designated record set, that we or our business associates maintain.

Please provide the following information:

NAME		DAYTIME PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	CONTRACT NUMBER		

Please read and complete the following:

With certain exceptions you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including your medical record (chart), billing records, appointment histories and pharmacy, dental and vision records. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access we will tell you the basis for our decision and whether you have the right to further review.

- The records you are requesting: _____
- The date range: From _____ to _____
- Whether you intend this request to include records maintained by Blue Cross Blue Shield or BCN as your health carrier? Yes No
- Whether you wish to receive access to your designated records By mail In person, at a location designated by the Family Health Center

Please sign and date:

I agree to pay the Family Health Center of BCN the charges for any copying and postage resulting from this request.

Signature: _____ Date: _____

*If you are not the patient, please sign and write today's date below, then check the box that describes your relationship to the patient. If you are not the parent of the patient, please attach proof of your relationship to the patient. **NOTE: An authorization is required if you are not the personal representative.***

Print Name of Personal Representative: _____

Signature of Personal Representative: _____ Date: _____

Parent Legal Guardian Power of Attorney Executor Other _____

Please return this form to the Family Health Center where you receive your care:

Family Health Center – Creyts Road 1401 S. Creyts Road Lansing, MI 48917	Family Health Center – Lake Lansing 1525 W. Lake Lansing Road East Lansing, MI 48823	Former patients of Fashion Square, Essexville, and Midland Family Health Centers return forms to: Family Health Center – Creyts Road 1401 S. Creyts Road Lansing, MI 48917
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