Rebound Orthopaedics & Sports Medicine
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101 Medical Heights Dr. Suite F Frankfort, Ky. 40601
Phone # 502-875-1766 Fax # 502-875-9940

REQUEST FOR ACCESS TO MEDICAL INFORMATION

Our Notice of Privacy Practices provides information about our use of a patient's protected health information. The Notice contains a Patient Rights section describing your rights under the law. Patients have the right to access, inspect, and copy protected health care information used to make decisions about them.

The Practice will only include information used to make decisions about the patient. The Practice may limit access to information generated only by this Practice. Under some circumstances, such as increased risk of harm or injury, the Practice may withhold the requested information. The Privacy Officer of this Practice will evaluate this request and notify the patient of our decision within fifteen (15) days of this request. If the request is approved, the practice will provide the information within thirty (30) days, or within sixty (60) days if such an extension is necessary. Reasonable costs will be charged for the request. Costs will be submitted to the patient upon approval of the request. The practice may provide a summary of the requested information if you are agreeable.

The Practice Provides this form to comply with the Health Insurance Portability and accountability Act of 1996 (HIPPAA).

Patient Name: ____________________

Date of Birth: ____________________ SSN# ____________________

Please send:

___ All Records ___ X-rays ___ Other ________________________
___ Labs ___ MRI report ________________________
___ EKG ___ EMG/NCV

*-All outside films will need to be picked up at the facility where they were made.

Please:

___ Fax to 502-875-9940
___ Fax to ___________
___ I will pick them up (call me when ready) Phone#_________________________
___ Mail them to ____
___ Mail them to 101 Medical Heights Dr. suite F Frankfort, Ky. 40601

____ _______________________________
(Signature required) (Date)

Relationship to patient (if not patient) ____