

Adult Medicine Specialists, PA

764 Saco Lowell Road, Easley, SC 29640
Phone: 864-855-5525 Fax: 864-855-5440

Decision for the Request for Access Rights - Affirmative for the office of Adult Medicine Specialists

Patient's Name _____ Patient's birth date _____
02

Decision for the Request for Access Rights Dated _____

- This practice has accepted your request to inspect or receive a copy of the information you requested. Please contact us to confirm information on inspection or delivery choices.

To receive your record by email, please sign this form, which is an acknowledgment. By copying and completing this statement and returning an email to us, you are confirming your request, the email address and acknowledging our warning again.

The acknowledgement "I _____, as a patient of _____ I am sending this email to confirm that this is the clear, specific and conspicuous address that I wish you to use to send my medical record. I am acknowledging that I have received and understand the warnings about the risks of this type of communication."

If you have requested your protected health information be sent to a third party, please contact our office to confirm this is still your request and recipient's contact information.

Payment is based on the costs established in state and federal law and includes labor costs and the cost of media to produce the report. Payment is required:

- Before we produce the copy
 At the time the copy is picked up
 Before the transmission of the copy
 Payment waived if less than 5 pages printed/no charge for emailed copies

Patient's Signature / Date _____

You have the right to file a complaint with our Privacy Officer at the address and phone number at the top of this page, or with the Office Of Civil Rights, US Department of Health and Human Services, 61 Forsyth St., SW, Suite 3B70, Atlanta, GA 30323.