Upper Perk Family Dental, P.C.
2771 GERYVILLE PIKE
PENNSBURG, PA 18073
TELEPHONE (215) 679-4495
FAX (215) 679-4317

Request for Access or to Disclose Protected Health Information

Patient Name: _____ Date of Birth: _____

Request for Access or Transfer: (check which applies)

_____ I would like to access and inspect my Protected Health Information ("PHI")

_____ I would like Upper Perk Family Dental, PC to send a copy of my PHI to:

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Description of Records or Information to Access or Copy:
_____
_____
_____

Transfer of records will be sent to new provider through encrypted/secure email. Upper Perk Family Dental, PC is not liable for what happens to the PHI once the designation third party receives the information as directed by my access request.

Copy/Postage Fees
I understand that Upper Perk Family Dental, PC may charge me for making copies of my PHI. If requesting party requests that the copies be mailed, Upper Perk Family Dental, PC may charge for the cost of the postage.

Signature: _____ Date: _____

If signed by someone other that individual to whom the health information pertains, state the name, relationship, and authority to sign on individual's behalf, and attach any supporting documentation to this request:

Name:_____ Date:_____