

Central Carolina Surgery, P. A.
102 N. Church St., suite 302
Greensboro, NC 27401
336 387-8100

**REQUEST TO INSPECT OR COPY
PROTECTED HEALTH INFORMATION**

This form is used by the patient to request an opportunity to examine or copy protected health information in the possession of Central Carolina Surgery, P. A.

Information Requested

Please describe the information that you would like to examine or copy:

REVIEW PROCEDURES

Your request to inspect or copy your protected health information will be reviewed by Central Carolina Surgery Executive Committee and Administrator who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to patients or patient representatives including:

- ❖ Psychotherapy notes
- ❖ Information related to legal proceedings
- ❖ Information that federal or state laws prevent us from disclosing
- ❖ Information that is related to medical research in which you have agreed to participate
- ❖ Information whose disclosure may result in harm or injury to you or to another person
- ❖ Information that was obtained under a promise of confidentiality

Within the limitations of law, we will make every effort to accommodate your request.

We will complete our review of your request and either arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Patient Name (print) SS# _____

Signature of Patient Date

Signature of Patient Representative Relationship