

Allergy & Asthma Specialists, P.C.

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Request for Access PHI (Protected Health Information)

The HIPAA Privacy Rule determines that Allergy & Asthma Specialists, P.C. may use or disclose PHI for our treatment, payment and healthcare operations *without any consent or authorization from the patient except where an Authorization is specifically required or other special requirements apply.*

The Privacy Rule provides that this practice may not use or disclose PHI without a valid Authorization from the patient. Our policy is to verify the identity and authority of all persons requesting PHI, whether in person or by other means of communication. It must be permitted that our office determines the permission that applies so that PHI can be released to our patients or authorized person.

Patient Information: Print Name: _____

Date of Birth: _____

SS# _____

Please release my healthcare information from:

Allergy & Asthma Specialists, P.C.

Please send my healthcare information to:

Name Designated Recipient:
Address:
Phone Number:

Information to be released:

- The most recent 2 years of pertinent information (chart notes, labs, special tests)
- All medical records
- Specific information (please specify) _____

Purpose for which disclosure is being made:

- Sharing with other health care providers
- Personal use
- I am transferring my care to a new health care provider
- Legal investigation
- Other:

My Rights

I may revoke this authorization in writing. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under privacy laws.

Patient Name: _____ **Signature:** _____ **Date:** _____

Please Print

**NOTE: \$10 Administration fee may apply for this request.
Please allow 7 days for request to be completed.**