## ATTACHMENT A Monterey Park Hospital ACCESS REQUEST FORM

Patient's Name:			
Home Address:	Last	First	Middle
nome Address:			
Home Phone: Date of Birth: Date of Request:			
I hereby request that apply]	at Monterey Park	Hospital provide me with	please check all boxes that
<ul><li>☐ Access to <b>OR</b></li><li>☐ My own copy of</li></ul>	the "Requested	Information" checked below	N:
☐ my medical r	records		
☐ my billing red	cords		
		ing personally identifiable ake medical or billing decis	e information and used by ions about me
[Please also check	k one of the thre	ee boxes below:]	
		ng or obtaining a copy of Rough	equested Information relating
☐ I am interested i by Monterey Pa	•	obtaining a copy of all Requ	uested Information maintained
		quested Information in the cost to me of [\$].	form of a summary prepared
information compile	ed in reasonab		o this request will not include use in) a civil, criminal or stricted by applicable law.
understand that I vertical treatment as required which the minor call inspect or obtain of health care provide by the representations.	will not be proving the control of the control of the record of the would have	ided access to records re example, records pertaining consent and therefore for what cord (i.e., abortion or meal good faith, that access to be a detrimental effect or	minor's information, I further lated to certain categories of ag to health care services for nich the minor has the right to ntal health treatment); or the the Patient records requested the provider's professional safety or psychological well-

I understand that Monterey Park Hospital may deny this request under limited circumstances as provided for under federal and state law protecting the privacy of health information. I further understand that, except as otherwise permitted under applicable law, I have the right to have a denial of my request reviewed by a licensed health care practitioner

selected by the Monterey Park Hospital who did not participate in the Monterey Park Hospital decision to deny my request.

I understand that Monterey Park Hospital will notify me of its decision to approve or deny my request to access within five (5) working days or obtain a copy of the Requested Information within fifteen (15) days of receiving this request.

I understand that if a summary is requested, I will be able to inspect or obtain a copy of the summary within ten (10) working days from the date of my request. If Monterey Park Hospitall needs additional time to prepare the summary because the record is of extraordinary length or because the Patient was discharged from a licensed health facility within ten (10) days prior to the request, I will be so notified and Monterey Park Hospital may have up to thirty (30) days from the date of my request to make the summary available to me.

Please provide the Requested information to me in [please check the appropriate boxes]
<ul><li>□ electronic form (on a disc) OR</li><li>□ paper form.</li></ul>
I would prefer to:
□ pick-up or view the Requested Information at a mutually agreeable time and place; <b>OR</b> □ have the Requested Information mailed to me at the following address:  ——————————————————————————————————
I understand that Monterey Park Hospital will charge me \$.25 per page for the copying services necessary to complete my request, as well as any applicable mailing fees. If I are granted access to the Requested Information, I [please check the appropriate box]
□ would; <b>OR</b>
□ would not like Monterey Park Hospital to provide me with an additional written explanation of such Requested Information at an additional cost to me of [\$].

Signature of Patient (or Personal Representative)	Date			
Printed name of Personal Representative	Date			
Relationship of Personal Representative to Patient				
* * * *				
After you have completed this form please return it to the Medical Records Department by mail or by facsimile at the following address: Medical Records Department; Monterey Park Hospital, 900 S. Atlantic Boulevard, CA 91754 (Facsimile: (626) 570-9000.				
<b>For Internal Use Only</b> : The identity of the requestor has been validated either with a government issued picture ID, such as a driver's license or passport, or comparison of signatures documented in the PHI records.				
Signature of employee validating identity				