



Dr. Emily Mellion, D.D.S.

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330.723.7566

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (for identification purposes)

Describe the records you wish to access and the approximate dates of the records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What would you like for us to do for you?**

- I wish to see the requested records.
- I wish to get a copy of the requested records.
- I wish to see and get a copy of the requested records.
- If the requested records are in an electronic designated record set, I wish an electronic copy of the requested records the following form and format, if readily producible: \_\_\_\_\_

If you would like the information emailed, enter the email address here:

\_\_\_\_\_@\_\_\_\_\_

**We do not recommend sending patient information in an unencrypted email because third parties may be able to access the email.**

- I want you to prepare summary of the requested records and I agree in advance to pay a fee in the amount of \$\_\_\_\_\_.
- I want you to prepare an explanation of the records that I saw or got a copy of, and I agree in advance to pay a fee in the amount of \$\_\_\_\_\_.
- I want you to send the copy of the requested records to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Fees**

Our practice charges a reasonable, cost-based fee for copies of patient information, and for postage to mail records if requested.

**Questions?**

Please contact our privacy official listed at the top of this page if you have any questions about your request to inspect or copy records.

**If the request is by a patient:**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the request is by a patient's personal representative:**

Name of the Personal Representative: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

Signature of Personal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

For dental office use only:

- Request for access denied (attached written denial).
- Request for access approved

If approved, describe below when and how the access was provided. If an electronic copy was provided, describe the form and format of the electronic copy.