

Facility: Sunrise Dermatology
Address: 70 Midtown Park E., Mobile, Alabama 36606
Privacy Official: Sarah Wierszalowski
Telephone: 251-544-6407

Request for Access to Records

Notice to Patient: You may use this form to request to inspect or copy information maintained about you. This type of request is described in our Facility’s Notice of Privacy Practices.

Patient Name: _____
[print or type]

Description of Records Requested:
(Please describe the records or types of records requested. Please also let us know how far back in time you want access to records.)

Scope of Request:
(Please let us know if you want to: 1. inspect records; 2. copy records; or 3. both.)

- _____ I would like to *inspect* the requested records.
- _____ I would like to obtain a *copy* of the requested records.
- _____ I would like to *both inspect and copy* the requested records.

- _____ I would like to request records and billing codes related to those records.

Fee for Copying Requested Records
Our Facility may charge a reasonable fee for the cost of copying your requested records. We may also charge you for postage if you ask us to mail your requested records.

Contact Person
Please contact our Facility’s Privacy Official if you have any questions relating to requests to inspect or copy records.

Patient Information and Authorization

Print Name of Patient: _____
Signature of Patient: _____
Date: _____
Date of Birth (for identification purposes): _____



For Personal Representative of the Patient (if applicable)

Print Name of Personal
Representative: _____

Describe Personal
Representative Relationship
(parent, guardian, power of
attorney, etc): _____

I hereby certify that I have the legal authority under applicable law to make this request on behalf of the patient identified above.

Signature of Personal
Representative: _____

Date: _____