



www.DrWeightControl.com

Physician's Weight Control and Wellness Centers

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Request for Access to Patient's Health Information

As a patient of the Physician's Weight Control and Wellness Centers, you are entitled under federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit to the Privacy Officer. When received by the Privacy Officer, he/she will use the information to verify your identity and process your request. If you have any questions or concerns, please contact the Privacy Officer, Amy Johnson at 817-277-3469.

Patient Information:

Patient Name _____ Birth Date _____
Address _____ Home Phone _____
_____ Cell Phone _____

I would like a copy of my protected health information:

Records dated between _____ and _____
Most current blood work Most current EKG All records
All blood work in record All EKGs in record Saliva results

What is the reason you are requesting these records? _____

Fax my records to: _____ Fax # _____
I will pick up a copy of my records when they are ready.
I would like to have a copy of my records mailed to the following address:

I understand that the Physician's Weight Control and Wellness Centers is given thirty days to process my Request for Access if my information is maintained on-site and sixty days if the information is maintained off-site. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

Signature: _____ Date: _____

Note: This signed request is for this access/release only. You must complete another request form if you require additional information that is not within the records release dates you listed on this form.