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REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 and the HITECH Act establishes an individual's right to access and receive copies of their protected health information (PHI), including PHI in electronic format, if available. An individual may request that a covered entity transmit electronic copies (if available), directly to an entity or person designated by the individual, provided that the choice is clear, conspicuous, and specific. Dr. Steven J. Bock, MD's privacy officer will review all request. Dr. Steven J. Bock, MD has thirty (30) days to respond to your request. The practice can obtain and additional thirty (30) days to complete this request with prior notice to you. This may be requested in cases where your information may not be active and is stored off-site in archives.

There is a charge of 75 cents per page for the request of medical records. A receipt will be sent to you with the amount charged to your credit card.

Patient Name: _____

Date: _____

Patient Signature (or authorized individual): _____

If authorized individual, relationship to patient: _____

Requested Information:

Physician/ Company Name: _____

Address (Street, City, State, Zip code): _____

Credit card Information:

Name on card: _____

Credit card Number: _____

Exp: _____ Security code: _____

Return this completed form to: Dr. Steven J. Bock, MD. 187 East Market st, Rhinebeck, NY, 12572.

