Princeton
325 Princeton Avenue
Princeton, New Jersey 08540
Tel: 609-924-8131

Forsgate
11 Centre Drive
Monroe Twp., New Jersey 08831
Tel: 609-655-4848

Neck & Back Institute
727 State Road (Route 206)
Princeton, New Jersey 08540
Tel: 609-497-1700

Billing Office
Tel: 609-921-7872
Fax: 609-683-7559

Patient Records Access Form

I would like to:

☐ inspect ☐ obtain a copy of ☐ both inspect and obtain a copy of my prtected health information records at this practice.

Inspection

I would like to visually inspect the following:

☐ My complete record at this practice.
☐ My record at this practice for the time period _____ through _____.
☐ A specific section of my record (please describe) _____
_____

☐ I would like to inspect my records on the following date and time: _____

Obtaining a Copy

I would like to obtain a copy of the following:

☐ My complete record at this practice.
☐ My record at this practice for the time period _____ through _____.
☐ A specific section of my record (please describe) _____
_____

I request the record in the form of:

☐ Readable hard copy
☐ A summary in lieu of receiving the complete record.

Delivery

☐ I would like to pick up the copy of my records at:
Please call (_____) _____ when ready.

☐ Princeton Avenue office
☐ Neck & Back Institute office
☐ Forsgate office

☐ Please mail the copy of my records to: _____
_____

Your agreement will be requested in advance for any copying or mailing fees that the practice incurs to fulfill your request. This practice has the right to deny access, in whole or in part, to protected health information if the records are psychiatric notes, are a matter of national security or public health policy, are part of legal proceedings, were provided by a nonprovider under promise of confidentiality concerning their identity, or could place in danger your life or the lives of others.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of patient): _____