

# MERRIMACK VALLEY ORTHOPAEDIC ASSOCIATES, LLC

The Health Insurance Portability and Accountability Act of 1996 establishes an individual's right to access and receive copies of their protected health information (PHI). MVOA requires that all requests for access and copies be made in writing using this form. MVOA's privacy officer will review all requests. MVOA has thirty 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.

**Date of Request:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Requested Information:**

**Please provide specific details and dates:** \_\_\_\_\_

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

**Patient Signature (or authorized individual):** \_\_\_\_\_

**If authorized individual, relationship to patient:** \_\_\_\_\_

**For practice use only:**      **Accepts**      **Denies**      **Accepts in part\***

**Privacy Officer Signature:** \_\_\_\_\_

**\*Comment for partial acceptance:** \_\_\_\_\_

**Return this completed form to:**

**Merrimack Valley Orthopaedic Associates, LLC**

**10 Research Place, Suite 203**

**North Chelmsford, Ma 01863**

**Or fax to: (978) 275-9566**

**Attn: Susan Blanchette**

**(978) 275-9650 ext. 131**