

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: _____

Email Address: _____

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: _____

Return this completed form to:

Merrimack Valley Orthopaedic Associates, LLC

10 Research Place, Suite 203

North Chelmsford, Ma 01863

Or fax to: (603) 632-3704

Attn: Susan Blanchette

Ph: (603) 563-0840 or Toll Free (888)-856-8754