

Columbia University Health Sciences Division
Department of Obstetrics and Gynecology
Division of Maternal Fetal Medicine

Request for Access to Health Information

As a patient of Columbia University Health Sciences provider, you may access certain health information we maintain about you. If you want to inspect and/or receive a copy of your health information, you must complete this form and **return it to the health care provider office** from which you are requesting access to your health information or you may submit it to the Privacy Officer at: Columbia University Health Sciences, 601 West 168th Street, Apt. 22 New York, N.Y. 10032. This request applies only to the health care provider office that you indicate below. If you would like to receive information from more than one health care provider office, you must complete a separate form for each office.

To assist us in locating your information, please provide the following:

Patient Name: _____ Date of Birth: _____

Phone: _____

Address: _____

Please specify the health care provider office from which you are requesting access to your health information (please print clearly)

Please indicate, by checking the appropriate box(es), the specific information to which you want access:

- Medical records for the following dates _____.
- Billing records for the following dates _____.
- Other. Please specify. _____.

Please indicate whether you would like to inspect or receive a copy of your health information by checking the applicable box(es):

- I would like a copy of my health information
- I would like a copy of my health information sent to the following provider at the address indicated below:

- I would like to inspect my health information in person at the Columbia University Health Sciences.

We charge fees for copies and postage, as permitted by applicable state and federal law. You will be informed of the total due before your copies are provided to you.

Signature of patient or personal representative

Date

If personal representative, authority to act on behalf of patient

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New York, NY 10032
165th Street / 4th Floor
Phone: 212-305-7334
Fax: 212-305-1848

COLUMBIA EASTSIDE
16 East 60th Street
New York, NY 10022
4th Floor / Suite 480
Phone: 212-326-8951
Fax: 212-326-5610

CENTER FOR PRENATAL PEDIATRICS
3959 Broadway
New York, NY 10032
CHONY Central 12th Floor
Phone: 212-305-3151
Fax: 212-342-2802