

REQUEST TO INSPECT OR COPY PHI

This form is used by the patient to request an opportunity to inspect or copy protected health information in the possession of [Koman Orthopedics and Sports Medicine](#).

Information Requested

Please describe the information that you would like to inspect or copy:

Review Procedures

Your request to inspect or copy your protected health information will be reviewed by [Jon D. Koman, MD](#), who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to patients or patient representatives. Such information would include:

- Information related to legal proceedings
- Information that federal or state laws prevent us from disclosing
- Information that is related to medical research in which you have agreed to participate
- Information whose disclosure may result in harm or injury to you or to another person
- Information that was obtained under a promise of confidentiality

Within the limitations of the law, we will make every effort to accommodate your request.

We will complete our review of your request and either arrange for you to inspect or copy your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Name of Patient (Type/Print)

Signature of Patient

Date

Signature of Patient Representative (if applicable)

Relationship of Patient Representative to Patient (if applicable)

Provided By HCSI