

**KAGAN, JUGAN & ASSOCIATES, P.A. REQUEST FOR
ACCESS TO MEDICAL INFORMATION**

Date: _____

Patient's Name: _____

Medical Record Number (if known): _____

Date of Birth: _____

Description of medical information of the patient named above to which you would like access:

- Entire medical record
- Progress notes
- Billing records
- X-Rays
- Laboratory test results
- Other (please specify): _____

Would you like to inspect this information in person? Yes
 No

Would you like copies of this information: Yes
 No

If you want copies of the information, in what format would you like the information:
 Paper
 Other: _____

We will provide the information in the form or format you request if it is readily producible in such form or format. If not, we will contact you to discuss what other format would be acceptable to you.

If you want copies of the information, please indicate whether you will pick-up the copies from KJ&A, or whether you would like KJ&A to mail the copies to you at the address you provide below.

- Pick-up
- Mail

Fax Fax No: _____

If you want to designate another person to inspect or receive copies of the information on your behalf, please write the name of the person and the person's address below:

Name: _____

Address: _____

Form No.

16a

If you want copies of the information, we will contact you to inform you of the charges for the information. Within a reasonable time after our receipt of your payment, we will either mail the information to you, or contact you to inform you that the information is available for you to pick up. **Once we receive your written request, it will take 72 hours for copies to be made.**

Signature of Person Making Request

Printed Name of Person Making Request

IF THE PERSON MAKING THIS REQUEST IS NOT THE PATIENT:

Relationship of the person making this request to the Patient
(e.g. - parent, guardian, or personal representative)

Mailing address of the person making the request

Telephone number of the person making the request

Thank you! **Kagan, Jugan &
Associates, P.A. Tel: (239)
936-6778 Fax: (239) 936-4920**