

Lincoln Center OBGYN  
800 SW Lincoln  
Topeka, KS 66606  
785.233.5101  
785.233.1404, fax

Lincoln Center OBGYN  
2830 SW Urish Rd  
Topeka, KS 66614  
785.273.4010  
785.233.1404, fax

## REQUEST BY PATIENT FOR ACCESS TO PROTECTED HEALTH INFORMATION

I hereby request Lincoln Center OB-GYN to copy the records specified below, and mail them to me at:

\_\_\_\_\_  
Name of Patient (PLEASE PRINT)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Maiden or other names used for records

\_\_\_\_\_  
DATE THIS AUTHORIZATION EXPIRES

The following protected health information is to be disclosed: (please check all that apply)

- Complete health record  
 Surgical notes  
 Pregnancy records  
 Other \_\_\_\_\_

Covering the period from \_\_\_\_\_ to \_\_\_\_\_

**Unless specifically indicated, only up to the last three years of records will be copied**

You have the right to inspect, or to obtain a copy of your protected health information maintained in the designated record set by Lincoln Center OB-GYN. Your request must be made in writing using this form. The form must be completed prior to Lincoln Center OB-GYN providing you the requested information.

Lincoln Center OB-GYN will make every reasonable effort to provide the protected health information requested in the format requested by you if it is readily producible in such format. If it is not readily producible in such a format, Lincoln Center OB-GYN will make every reasonable effort to provide access to the protected health information in a legible, hard copy format or in such other form as agreed upon by you and Lincoln Center OB-GYN.

Lincoln Center OB-GYN may provide you with a summary of the protected health information requested, in lieu of providing access to the protected health information, or may provide an explanation of the protected health information to which access has been provided, if you agree, in advance, to the summary and explanation and if you agree, in advance, to the fees imposed for such summary. The fee for copying your protected health information or providing a summary to you is **\$18.18 for the first 30 pages, then \$.60 cents per page up to 250 pages and additional pages beyond 250 at \$.43 cents per page, plus any applicable postage. Lincoln Center out-sources these services to Quality Copy Service "OCS". All fees are calculated by OCS when records are copied. Their fee must be collected prior to surrendering records. These fees are set annually by the State of Kansas Secretary of labor.**

I hereby agree to pay Lincoln Center OB-GYN for the cost of copying such records. *Please make checks payable to Quality Copy Service.*

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Personal Representative of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Representative's Authority to Act for Patient: \_\_\_\_\_

Representative's Address and Phone Number: \_\_\_\_\_