

SMILE BY DESIGN NY
3730 73RD STREET UNIT SP
JACKSON HEIGHTS, NY 11372
PHONE: (718) 335-0777

HIPAA PRIVACY RIGHTS REQUEST FORM
PATIENT INFORMATION

Date

Name (Last, first, middle initial)

Social Security # or Patient ID

Street address

City

State

ZIP Code

Primary phone number

Other phone number

E-mail address

Type of Request

Access/copy

Amendment

Restriction

Confidential communication

Accounting of disclosures

Complaint

Please describe nature of action requested (type of information requested; nature of amendment, restriction, alternative communication, or complaint, etc.) **in detail**.

[Note: If this is an alternative communications request, please list alternative location/address for receiving medical information below.]

Please list [Company Name] staff members that were contacted regarding this matter:

Name

Date

Name

Date

Signature

Date

For Administrative Use Only:

Date received _____

Action taken _____

Date

Action taken _____

Date

Privacy Official signature _____

Date