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| Virginia Endocrinology Consultants8301 Arlington Boulevard, Suite 308Fairfax, Virginia 22031 | Privacy Official, Virginia Endocrinology Consultants, 8301 Arlington Boulevard, St. 308 , Fairfax, Virginia 22031 |
| HIPAA Privacy Rights Request FormPATIENT INFORMATION |  |
|  | Date |
|  |  |
| Name (Last, first, middle initial) | Social Security # or Patient ID |
|  |  |
| Street address, City, ST, ZIP Code |  |
|  |  |
| Primary phone number | Other phone number | Email 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.]

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|  |

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 |

Attach additional documentation, if applicable.