



Durbin & Lang OBGYN

601 Mulholland St. Bay City MI 48708
Office: 989-891-9900 Fax: 989-891-9909

Patient Request to Access Protected Health Information

I, _____, DOB ____/____/____, authorize

- Mary Durbin MD
- Becky Lang MD
- Other

Name _____

Address _____

Phone ____-____-____ Fax ____-____-____

to provide me with access to my personal health information as indicated below covering to following dates: Previous Two Years Other: _____

Items Requested:

- PAP Lab Results Operative Notes
- Ultrasound Mammogram Pregnancy Records
- Other _____

Please disclose this information to

- Other

Name _____

Address _____

Phone ____-____-____ Fax _____

Or

- Mary Durbin MD 601 Mulholland St.
- Becky Lang MD Bay City, MI 48708
- Phone: 989-891-9900 Fax: 989-891-9909

Signature of Patient or Patient's Authorized Representative

____/____/____
Date

Representatives Name

Authority