NATIONAL SLEEP SOLUTIONS

4 Bradley Park Ct, Suite 1C | Columbus, GA 31904 | 888-884-9493

Patient Request For Copies Of Own Records

Use this form to request your own records. No reason for your request is required.

1. Patient information

Patient name: _____ Date of birth: _____

Phone: _____ Email on file: _____

2. Records requested

[ ] Complete patient record, including clinical and billing records

[ ] Sleep study reports and interpretations [ ] Clinical / technologist notes

[ ] Billing / insurance records [ ] Other: _____

Dates of service: From _____ to _____ [ ] All available dates

3. How would you like to receive your records?

[ ] Secure patient portal [ ] Electronic copy [ ] Paper copy by mail [ ] Pickup

Email or mailing address for delivery: _____

_____

Other requested format or delivery instructions: _____

Portal invitations go to the verified email on file. Email changes require a documented request and identity verification. If your requested format is not readily available, we will discuss an alternative with you.

4. Request acknowledgment

We will provide records as soon as reasonably possible, generally within 30 calendar days of receiving your request, or sooner if applicable law requires. If a permitted extension is needed, we will notify you in writing. Complete records may require processing and may not be available during an appointment.

Please present identification or contact us for another reasonable verification method. We can assist if you cannot complete this form. Any permitted copying fee will be explained in advance.

Patient / personal representative signature: _____ Date: _____

Representative name and legal authority, if applicable: _____

STAFF USE ONLY - Complete the communication log

Original request received: _____ Staff name/initials: _____

Identity verified by (method only): _____

Representative authority verified, if applicable: _____

Records provided: _____

Date provided: _____ Delivery method/destination: _____

[ ] Communication-log entry completed Staff initials: _____ Date: _____

Do not enter ID document numbers or passwords in the communication log.