



Request for Access to Protected Health Information

To: Prairie Clinic SC
Privacy Officer
112 Helen Street
Sauk City, WI 53583

I am requesting access to: Inspect or Obtain a copy of my health care information maintained in my designated record set by Prairie Clinic SC. The fee for copying is based on cost of supplies and labor as well as postage if applicable.

- I will pick up the copies of my record at the clinic.
- Mail records to the address below.
- Other _____

Full Name of Subject Individual: _____

Address of Subject Individual: _____

Birthdate of Subject Individual: _____

Please provide specific dates or occurrences that will specifically identify the information you are requesting:

If you need assistance in the completion of this form or have any questions regarding this process, please contact Privacy Officer and any necessary assistance will be provided.

Signature of Subject Individual Date

If request is made by another legally authorized person, please state relationship/legal authority enabling you to act on behalf of the subject individual:

Relationship: _____

Signature: _____ Date: _____

Processed by: _____