



## Edward T. Wolanski, M.D., P.C.

600 Peter Jefferson Pkwy, Suite 300 • Charlottesville, VA 22911-8837 • (434) 293-9800

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### Request for Access to Personal Health Information

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State, Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I would like a copy of my health information – I understand I may be charged a reasonable cost based fee.

I would like to review my health information

I would like my health information to be provided to a third party from Dr. Edward T. Wolanski, MD, PC:

Name and address of third party: \_\_\_\_\_

I would like my records from: \_\_\_\_\_

\_\_\_\_\_ to be sent to

Dr. Edward T. Wolanski, MD, PC 600 Peter Jefferson Parkway, Suite 300  
Charlottesville, VA 22911 Phone 434-293-9800 Fax 434-977-0088

Please specify the records you wish to review or obtain copies of:

Select the format you would prefer:

Paper  Electronically Fax Number \_\_\_\_\_

Please mail to the above address  Flash Drive  Patient Portal

Will pick up at the practice

Email: address: \_\_\_\_\_ For

**email communications**, I understand that if the information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. By providing my email address I elect to receive email communication as requested.

I would like a written summary of the requested information. I understand that I may be charged a reasonable and cost based fee.

I understand that Edward T. Wolanski MD PC will provide information within 15 days from receipt.

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You will receive notification regarding this access request no later than 30 days from date received. There are limited circumstances on which your request may be denied, some of which you may have the right to request a review of the decision.

\_\_\_\_\_  
Signature of Patient or Personal Representative

Date \_\_\_\_\_

\*Description of Personal Representative's Authority (attach necessary documentation)

**Forward this request to Privacy Officer or Office Manager**