Tri-State Otolaryngology, Head & Neck Surgery, Inc.
#3 Stonecrest Drive
Huntington, WV 25701
304-522-6388
FAX: 304-522-8040

PATIENT RECORDS ACCESS REQUEST FORM

I hereby request a copy of my medical record as detailed below:

Full medical record held by this office

Medical record for the period _____ through _____

A specific portion/section of the record as follows:

_____

_____

I hereby request the records to be released to:

_____
_____
_____

Mail the records to the address above.

I will pick up the records myself.

I understand that, unless otherwise provided by law, the charge for this record will be .75 per page for each page copied. I agree to pay this charge in full at the time I receive the copy of the record.

Patient name **Social Security Number** **DOB**

Patient/Guardian Signature **Relationship to patient**

Today's Date **Date of last patient visit**