



Cornell University

## Cornell Health

The Cerial Center for Cornell Health  
110 Ho Plaza  
Ithaca, New York 14853-3101  
t. 607.255.5155  
f. 607.255.0269  
health.cornell.edu

### Request to Inspect Protected Health Information

Federal and state law provide you the right to inspect medical records, billing records or other records that we may use to make health care decisions about you, for as long as the information is maintained in a Designated Record Set. You may also request that we provide a summary or an explanation of the information in lieu of access to inspect the information. Cornell Health will provide a response within 10 days of receipt of your request.

To request to inspect your health information, please complete the form below and send to:  
Privacy Officer, Cornell Health, 110 Ho Plaza, Ithaca, NY 14853-3101

#### 1. Patient/client information (*print clearly*):

Name \_\_\_\_\_ Date of birth (*mm/dd/yyyy*) \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing address \_\_\_\_\_

#### 2. Describe the information you are requesting to inspect:

---

---

---

---

#### 3. Please choose one:

- ☐ I am requesting an opportunity to INSPECT the above information.
- ☐ I am requesting that Cornell Health provide a Summary or Explanation of the above information in lieu of my right to inspect the information. I understand that I will be charged a reasonable cost-based fee not to exceed \$50 for the preparation of the summary or explanation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
*patient/client or person authorized to sign mm/dd/yyyy a.m. / p.m.*

\* If the consenting party is other than the patient/client, print name and relationship to patient/client:

---

CORNELL HEALTH  
USE ONLY

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_

***\*Please send this request to Health Records when complete. This request must be maintained in the patient's health record.***