Cornell University

Cornell Health

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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

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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.