

# Valley Bone & Joint Clinic

3035 Demers Avenue  
Grand Forks, ND 58201  
701-746-7521

## HIPAA Privacy Rights Request Form

### PATIENT INFORMATION

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Date

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Name (Last, first, middle initial)

Social Security # or Patient ID

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Street address, City, ST, ZIP Code

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Primary phone number | Other phone number

Email address

#### Type of Request

- Access/copy
- Confidential communication
- Amendment
- Accounting of disclosures
- Restriction
- Complaint

Please describe nature of action requested (type of information requested; nature of amendment, restriction, alternative communication, or complaint, etc.) **in detail.**

*[Note: If this is an alternative communications request, please list alternative location/address for receiving medical information below.]*

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Please list [Company Name] staff members that were contacted regarding this matter:

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Name

Date

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Name

Date

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Signature

Date

**For Administrative Use Only:**

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Date received

Action taken

Date

Action taken

Date

Privacy Manager signature/ VBJC President Signature

Date

Attach additional documentation, if applicable.