

Valley Bone & Joint Clinic

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

Privacy Manager:
Jennifer Gerszewski
701-420-0112

HIPAA Privacy Rights Request Form

PATIENT INFORMATION

Date

Name (Last, first, middle initial)

Social Security # or Patient ID

Street address, City, ST, ZIP Code

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.]

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

Name

Date

Name

Date

Signature

Date

For Administrative Use Only:

Date received

Action taken

Date

Action taken

Date

Privacy Manager signature/ VBJC President Signature

Date

Attach additional documentation, if applicable.