

3. How would you prefer to access this information:

- Receive hard copies of originals
- View originals in house
- Viewing & selected copies

Patient/SDM Signature

Name(print)

Date

Part C: Response to Access Request (For Internal Use Only)

1. Information Regarding Receipt and Initial Review of Request

Date Request Received:

2. Information Regarding Response

Date Response Issued:

- Access request granted
- Access request not granted
- Access request granted in part

If complete access request was not granted, reason for refusing the request/part of the request.

3. Information regarding Extension

If an extension to the access request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient Notified

4. Processed by:

Signature

Name(print)

Date