



NAPA COUNTY
Health & Human
Services Agency

INSPECT/COPY REQUEST



A Tradition of Stewardship
A Commitment to Service

HIPAA permits individuals the right of access to either inspect or obtain copies of the protected health information created, maintained and housed within the designated records set. Please use this form to request inspection or copies of your records. There are no fees associated with inspection or copies.

INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY/STATE:	ZIP CODE:
DATE OF BIRTH:	PHONE NUMBER:	MAY WE LEAVE A MESSAGE?

REPRESENTATIVE INFORMATION		
<i>(Complete ONLY if you want us to give your information to someone else)</i>		
I authorize the following person to receive the information requested:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
RELATIONSHIP:		
ADDRESS:	CITY/STATE:	ZIP CODE:
PHONE NUMBER:		

INSPECT/COPY REQUEST

WHAT HEALTH INFORMATION WOULD YOU LIKE?

Please Describe:

WHAT DATES ARE YOU REQUESTING? (period of time)

FROM:

TO:

DO YOU WANT TO REVIEW OR DO YOU WANT A COPY?

I would like a COPY of my records. I would like to INSPECT my records.

How do you want to receive your records?

Pick up

Mail

Other

Fax: _____

If you would like your records mailed please provide an address:

Same as Listed on page 1

Other _____

YOUR SIGNATURE

SIGNATURE:

DATE:

For questions, please call:

Napa County Medical Records

2751 Napa Valley Corporate Dr. Napa, Ca. 94558, Bldg. B,

Phone: 707-253-6163, or 707-253-6185

Fax: 707-299-4394