



19238 Stonehue
 San Antonio, TX 78258
 Tel. (210) 494-2223
 Fax (210) 494-2631

2200 Roy Richard Dr.
 Schertz, TX 78154
 Tel. (210) 566 - 4777
 Fax (210) 566-4779

1423 N. Walnut Ave Suite #103
 New Braunfels, TX 78130
 Tel. (830) 214-6708
 Fax. (830) 358-7711

J. Laura Arnold, M.D.
 Richard T. Schlosberg IV, M.D.
 M. Suzanne Basey, M.D.
 Kristin M. Wilke, M.D.
 Jessica M. Gonzalez, M.D.
 Steven R. Fischer, M.D.
 James A. Hyslop, M.D.
 Samuel D. Tressler III, M.D.
 Nicolas N. Guerra, M.D.
 Susannah L. Simone, M.D.
 Esther Y. Johnson, M.D.
 Suzanne E. Hood, D.O.
 Melissa A. Garcia, M.D.
 Michelle Wheeler, CPNP

www.abcdpediatrics.com

Request to Inspect and Copy Protected Health Information

Patient Name: _____ Date of Birth: _____

Patient Address: _____
 Street

 Apartment #

 City, State, Zip

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including the cost of supplies and labor, and postage related to the production of my information. I understand that the charge for this service is \$25 for the first twenty (20) pages and then 15 cents per page thereafter (plus postage).

 Signature of the Patient or Legal Guardian Date

 Print Name of Patient or Legal Guardian

Date Received:		Privacy Office:
Response:		
<input type="checkbox"/> Accept Request	<input type="checkbox"/> Deny Request	<input type="checkbox"/> Denied in part, Accepted in part
Date:	Date	Date: Reason for Denial:

