

HIGHLAND PARK SURGICAL ASSOCIATES

31 River Rd., Highland Park, NJ 08904

B-2 Brier Ct., East Brunswick, NJ 08816

215 A North Center Dr., North Brunswick, NJ 08902

732- 846- 9500

**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

Other

Other

Confidential communication

Other

Other

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 or please list the name of the person or persons who have your permission to receive your medical records and who we can discuss your medical information with.

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

_____ Name

_____ Date

_____ Name

_____ Date

_____ Signature

_____ Date

For Administrative Use Only:

_____ Action taken

_____ Date received

_____ Action taken

_____ Date

_____ Privacy Official signature

_____ Date

Attach additional documentation, if applicable.