

selected by the Monterey Park Hospital who did not participate in the Monterey Park Hospital decision to deny my request.

I understand that Monterey Park Hospital will notify me of its decision to approve or deny my request to access within five (5) working days or obtain a copy of the Requested Information within fifteen (15) days of receiving this request.

I understand that if a summary is requested, I will be able to inspect or obtain a copy of the summary within ten (10) working days from the date of my request. If Monterey Park Hospital needs additional time to prepare the summary because the record is of extraordinary length or because the Patient was discharged from a licensed health facility within ten (10) days prior to the request, I will be so notified and Monterey Park Hospital may have up to thirty (30) days from the date of my request to make the summary available to me.

Please provide the Requested Information to me in **[please check the appropriate boxes]**

- electronic form (on a disc) **OR**
- paper form.

I would prefer to:

- pick-up or view the Requested Information at a mutually agreeable time and place; **OR**
- have the Requested Information mailed to me at the following address:

I understand that Monterey Park Hospital will charge me **\$.25** per page for the copying services necessary to complete my request, as well as any applicable mailing fees. If I am granted access to the Requested Information, I **[please check the appropriate box]**

- would; **OR**
- would not like Monterey Park Hospital to provide me with an additional written explanation of such Requested Information at an additional cost to me of **[\$_____]**.

Signature of Patient (or Personal Representative)

Date

Printed name of Personal Representative

Date

Relationship of Personal Representative to Patient

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After you have completed this form please return it to the Medical Records Department by mail or by facsimile at the following address: Medical Records Department; Monterey Park Hospital, 900 S. Atlantic Boulevard, CA 91754 (Facsimile: (626) 570-9000.

For Internal Use Only: The identity of the requestor has been validated either with a government issued picture ID, such as a driver's license or passport, or comparison of signatures documented in the PHI records.

Signature of employee validating identity