

**Virginia Endocrinology Consultants**

3022 Javier Road, Suites 103 & 104A  
Fairfax, Virginia 22031

Privacy Official, Virginia Endocrinology  
Consultants, Suites 103 & 104A, Fairfax,  
Virginia 22031

# HIPAA Privacy Rights Request Form

## PATIENT INFORMATION

<hr/>		Date
<hr/>		Social Security # or Patient ID
<hr/>		
Street address, City, ST, ZIP Code		
<hr/>		
Primary phone number   Other phone number		Email address

### Type of Request

- |                                                     |                                                    |                                      |
|-----------------------------------------------------|----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Access/copy                | <input type="checkbox"/> Amendment                 | <input type="checkbox"/> Restriction |
| <input type="checkbox"/> Confidential communication | <input type="checkbox"/> Accounting of disclosures | <input type="checkbox"/> Complaint   |

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.]*

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

<hr/>	Date
Name	
<hr/>	Date
Name	
<hr/>	Date
Signature	

### For Administrative Use Only:

<hr/>	Date received
Action taken	
<hr/>	Date
Action taken	
<hr/>	Date

<hr/>	Date
Privacy Official signature	

Attach additional documentation, if applicable.