Anointed Hands Medical Services
115 Towne Center Parkway
Suite 114
Hoschton, GA 30548

Amaryah O'Neal |706-684-0588

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 ☐ Amendment ☐ Restriction
☐ Confidential communication ☐ Accounting of disclosures ☐ 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.]

Please list Anointed Hands Medical Services staff members that were contacted regarding this matter:

Name Date

Name Date

Signature Date

For Administrative Use Only:

Date received

Action taken Date

Action taken Date

Privacy Official signature Date

Attach additional documentation, if applicable.