## Bernie's Pharmacy 4100 Lake Otis Parkway Suite #200 Anchorage, Alaska 99508

## **REQUEST for ACCESS to RECORDS**

Name of Individual (PRINT)	Date of Birth
Address (PRINT)	Telephone #
Please mark the records you are requesting access to:	
Patient File (Demographic Information) Insurance Data Prescription Profile Other:	
I am requesting a copy of my records for the following time frame:	
From: To:	
Effective January 2008, the pharmacy will retain PHI/records and association the month of last action.	ciated documents for seven (7) years
If access to records is granted I would like my requested records:	
☐ Mailed to the address of record. (Certified Mailing Fee & Postage may be charged) ☐ Available for pickup at Bernie's pharmacy.	
I understand that if the pharmacy grants access to records, the pharmacy within thirty (30) days from receipt of the request. Also, I understand the on form ) a cost-based fee charged to process this request and the pharmacaction on this request for my acceptance of the fee amount (if any).  We can not accept a faxed or photo copied request of this form. We can on We will deny access to records if we do not have the original	re may be (other than what is stated cy will contact me prior to continuing ly accept the signed original form)
	gal Representative's Authority elationship to Individual)
You may file the completed request with the Pharmacy or Mail (with photo copy of ID) to:  Bernie's Pharmacy, Inc.  HIPAA Privacy Officer  4100 Lake Otis Parkway Suite #200 Anchorage, Alaska 99508	
Office Use Only – Please Do Not Write In This Space	☐ Fee – Amount \$
Date Rec'd: Access Granted Access Denied	Individual accepted Payment Arrangements
☐ Notice Mailed to Individual	Initials
ID Verification	Other