

**FIRSTSIGHT VISION SERVICES, INC.  
REQUEST FOR ACCESS TO DESIGNATED RECORDS**

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Effective [date], I, \_\_\_\_\_ [Patient's name], request access to that health information contained in the designated record set that FirstSight Vision Services, Inc. (the "Company") or a business associate of the Company maintains on my behalf and which is described as follows [identify the information to be accessed and the requested time and manner of access as specifically as possible]:

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[ ] *check here if additional pages are attached.*

Please check any of the following boxes if they apply:

- I would like a copy of the health information mailed to the following address:

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- I would like to inspect the health information in your offices.  
 Other (explain):

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**I understand that the Company may charge me for, and I agree to pay:**

- 1) the reasonable cost of supplies for and labor of copying, and**
- 2) if applicable, postage for mailing the health information.**

\_\_\_\_\_  
Signature of Patient

**-or-**

\_\_\_\_\_  
Signature of Personal Representative of Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship of Personal Representative to Patient

**[see next page]**

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[TO BE COMPLETED BY FIRSTSIGHT ASSOCIATE]  
(check one)

- I know the individual making this request.
- I hereby verify the identity of the individual requesting protected health information and the authority of the individual to have access to the protected health information.

\_\_\_\_\_  
Signature of FirstSight Associate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Number

**SUBMIT COMPLETED FORM TO:**

Privacy Officer  
FirstSight Vision Services, Inc.  
1202 Monte Vista Avenue  
Upland, CA 91786

**For FirstSight Vision Services, Inc. Use Only:**

Date Received: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition of Request: \_\_\_\_ GRANTED \_\_\_\_ DENIED \_\_\_\_ PARTIALLY DENIED

Patient notified in writing of response to Request on this date: (MO/DY/YR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Charged for fulfilling this Request (if applicable): \$\_\_\_\_\_

Name or Initials of FirstSight Associate processing this Request: \_\_\_\_\_