



(949) 951-KIDS (5437)  
Fax (949) 951-2715

23521 Paseo de Valencia, Suite 200, Laguna Hills, CA 92653  
2 Journey, Suite 100, Aliso Viejo, CA 92656  
1031 East Avenida Pico, Suite 106, San Clemente, CA 92673  
15785 Laguna Canyon Road, Suite 120, Irvine, CA 92618

**Request to Inspect and Copy Protected Health Information (PHI)**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that I am financially responsible for the following fees associated with my request; copying charges, including the cost of supplies and labor, and postage related to the production of my information. I understand that the charge for this service is \$20.00, and is a flat fee charged to all patients requesting copies of records.

\_\_\_\_\_  
**Signature of Patient or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Patient or Legal Guardian**