



REQUEST FOR ACCESS TO MEDICAL CENTER RECORDS OR OTHER DOCUMENTS

(By Authorized Representatives of a Federal, State, County, or City Department/Program; Regulatory Agency; Accreditation Organization; or Contracted Managed Healthcare Organization, or Business Associate)

I, _____, do hereby certify that I am an authorized representative of _____ and am requesting access to the health/medical records or other records and documents described below for the purpose of : Duly authorized investigation or inspection for licensure Accreditation survey Other (specify)_____

The authority for this request is: Contained in Title 22, California Code of Regulations, Section 70751, Section 70733, and/or the following code section or other provision of law _____ LAC+USC Medical Center request for survey/audit Other (specify)_____

My employee badge or other identification number is: _____ (*Please attach Requestor's business card or a copy of photo ID to this form). Address of the office/agency, where I am employed or for which I am an agent, is: _____

Verification of my identity and authority may be obtained by telephone contact with one of the following individuals:

Name: _____ Name: _____ Title: _____ Title: _____ Telephone: _____ Telephone: _____

Health/Medical records, other documents or records, or information that I am requesting include: (Attach additional pages, as needed to specify request).

Date: _____ Time: _____ AM | PM |

Requestor's Signature: _____

LAC+USC Medical Center Recipient(s) of Request:

Signature: _____ Signature: _____ Name: _____ Name: _____ Title: _____ (print) Title: _____ (print) Title: _____ (print) Title: _____ (print)