

**SOUND INPATIENT PHYSICIANS, INC.  
AND ITS AFFILIATED COVERED ENTITIES  
REQUEST FOR ACCESS FORM**

I hereby request that Sound provide access to health care information regarding the following patient that is maintained by the hospital:

PATIENT NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DESCRIBE THE INFORMATION YOU WOULD LIKE TO ACCESS (Please include dates).

\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK THE METHOD OF ACCESS THAT YOU DESIRE:

- In-person inspection at our office
- Copies – Please note that there may be a charge associated with copying and shipping your records. You will be informed of and billed for these charges prior to shipping.
- Copy of information in electronic format, in the event Sound uses or maintains an electronic health record. Please note that there may be a charge associated with obtaining a copy of such information. You will be informed of these charges prior to your receipt of the copy.
- Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

If you are requesting shipment of records, please specify the delivery address:

\_\_\_\_\_

*If you are not the patient, please fill out the following information:*

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone (if different from above): \_\_\_\_\_

*Please furnish a copy of any conservator/guardianship papers with this request.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**All requests for access must be submitted in writing to:**

Dan Weissburg, Chief Compliance  
& Privacy Officer Sound Physicians  
1498 Pacific Avenue, Suite 400  
Tacoma, WA 98402  
1-855-768-6363  
compliance@soundphysicians.com