

TREASURE VALLEY PEDIATRICS
NOTICE OF PRIVACY PRACTICES
EXHIBIT A
Chart Review Request

I would like to review the following medical information:

Patient Name: _____

Patient Birthdate: _____

Patient SSN: _____

Not all of the information above is required, but I understand I must be able to properly identify the individual patient before I am granted access to review the health care information.

My relationship with the patient is:

- Self
- Parent
- Guardian
- Attorney-In-Fact
- Other:

To set up an appointment to review the health care information requested above, I would like to be contacted as follows:

Under penalty of perjury, I certify that all the information provided above is true and complete, and that Treasure Valley Pediatrics, PA physicians and staff have the right to rely on the information provided.

Printed Name

Signature

Date