

## Destiny and Purpose, LLC

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Fargo, ND 58104

*Counseling with Christian Compassion & Purpose Provided by: Paulette Walker, MSW, LICSW*

# HIPAA Privacy Rights Request Form

## PATIENT INFORMATION

	Date
Name (Last, first, middle initial)	Social Security # or Patient ID
Street address, City, ST, ZIP Code	
Primary phone number   Other phone number	Email address

### Type of Request

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Access/copy                | <input type="checkbox"/> Amendment                 | <input type="checkbox"/> Restriction |
| <input type="checkbox"/> Confidential communication | <input type="checkbox"/> Accounting of disclosures | <input type="checkbox"/> Complaint   |

Please describe nature of action requested (type of information requested; nature of amendment, restriction, alternative communication, or complaint, etc.) **in detail.**

*[Note: If this is an alternative communications request, please list alternative location/address for receiving medical information below.]*


Please list [Company Name] staff members that were contacted regarding this matter:

Name	Date
Name	Date

Signature	Date
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### For Administrative Use Only:

	Date received
Action taken	Date
Action taken	Date

Privacy Official signature	Date
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Attach additional documentation, if applicable.