



# Patient Request for Information

THE DOT does not accept copies of records for reinstating a license after an OWI charge, documentation must be sent directly from ASAC. Please contact our office if this is regarding the DOT.

Today's Date: \_\_\_\_\_

## Patient Information (Please Print)

Last Name:	First Name:	Middle Initial:	Date of Birth:	
Phone:	E-mail (optional):			
Street Address:		City:	State:	Zip:

What records would you like?

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

Date(s) that you were involved with ASAC: \_\_\_\_\_

Why do you need a copy? \_\_\_\_\_

\_\_\_\_\_

How would you like your records sent?

- Picked up by me at the office
- Emailed to my email address above, via secure email
- Mailed to my address above
- Sent to another individual: \_\_\_\_\_  
(A separate consent to release information form will need to be signed for this option)

\_\_\_\_\_  
Patient or Legal Representative Signature

\_\_\_\_\_  
Date

The Area Substance Abuse council recognizes a patient's rights under HIPAA and 42 CFR Part 2 to access copies of his/her health information. There may be charges associated with processing a request and producing requested records. Per HIPAA regulations, ASAC has 30 days to handle requests for information, as noted in the Notice of Privacy Practices.