



Request for Access to Encounter Information

Name: _____ Phone: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Zip Code: _____ E-Mail: _____

- Verification of requestor's identity (government issued photo ID) attach a copy
 Verification of requestor's authorized representative's identity (government issued photo ID & authority document) attach a copy

Right to Request Access to Your Information and Our Duties:

You (or your authorized representative) have the right to inspect or obtain a copy of your encounter information pursuant to our [Privacy Policy](#). If we maintain your encounter information in electronic format, then you also have a right to obtain a copy electronically. In addition, you may request that we transmit a copy of your encounter information to another person and we will honor that request when required by law to do so. Requests to transmit information to another party must be in writing, signed by you (or your representative), and clearly identify the designated person to whom the information should be sent, and where it should be sent.

Generally, we will provide you (or your authorized representative) access to your information within thirty (30) days of your request or as required by law. We verify the identity of any person who requests access to our records, as well as the authority of the person to have access to any information in accordance with our [Privacy Policy](#). We reserve the right to charge a reasonable cost-based fee for providing paper copies of records, subject to the limits of applicable law.

Below, please tell us what information you are requesting. Specify dates of service, venue, and other details that will allow GMR Event Services LLC dba CrowdRx to accurately and completely fulfill your request.

Date of Service: _____ Venue or Event Name: _____

Specify How You Would Like us to Provide Access:

Please mail a copy of my information to me at the above address.

Please mail a copy of my information to the following address:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____

Please transmit via email a copy of my information to the following email: _____

I would like to inspect a copy of my information (We will arrange a convenient time during normal business hours)

Signature of Requestor: _____ **Request Date:** _____

This form must be mailed to:
CrowdRx
Attn: Patient Records
429 Lenox Avenue, Miami Beach, FL 33139