This is a sample. Your actual document will vary depending on the answers you provide to the form questions.

REQUEST TO INSPECT AND COPY PATIENT RECORDS
(California Health and Safety Code section 123110)

Hospital Medical Center
1234 Side Street
Upnorth, CA 94321

To Whom It May Concern:

This is a request to inspect and copy patient records pursuant to California Health and Safety Code section 123110. The records sought from Hospital Medical Center pertain to a patient xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Code section 123105(e), and hereby make this request on the patient's behalf.

Specifically, I request to xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

Copies of the foregoing records are requested for an appeal for a public benefit program. The patient is not represented by an attorney for xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx to California Health and Safety Code section 123110(d), I request that there xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx foregoing requested records. I can provide proof of the foregoing as you require.

Please contact me at 888-889-9879 to set up an appointment for inspection, or to make provisions for obtaining copies.

1STOPLEGALFORMS

This sample represents only part of a completed document.
The remainder of the document has intentionally been omitted.