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## Request to Access Personal Health Information:

I, \_\_\_\_\_  
request Frida to disclose my personal health information consisting of:

Records Requested:

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To myself:

Name of Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature  
(wet or digital signature are both valid)

\_\_\_\_\_  
Date