

**ACCESS LOG REQUEST
PARENT/GUARDIAN**

Date: _____

I, _____, am the parent/guardian
(Print Name Here)
of _____. I request an accounting of
those who have had access to my child's record at Giant Leaps Occupational
Therapy, PC.

I understand that Giant Leaps Occupational Therapy, PC will reply to this
request within 10 working days of their receipt of this request.

Signature: _____

Date Received by Giant Leaps Occupational Therapy, PC: _____

**AMENDMENT REQUEST
PATIENT**

Date: _____

I, _____, request an accounting
of those who have had access to my record at Giant Leaps Occupational
Therapy, PC.

I understand that Giant Leaps Occupational Therapy, PC will reply to this
request within 10 working days of their receipt of this request.

Signature: _____

Date Received by Giant Leaps Occupational Therapy, PC: _____