

**MEDICAL RECORD ACCESS REQUEST
PARENT/GUARDIAN**

Date: _____

I, _____, am the parent/guardian
(Print Name Here)

of _____.
(Print Name Here) I request to view his/her medical

record from *Giant Leaps Occupational Therapy, PC*. I understand that *Giant Leaps Occupational Therapy, PC* must provide me with access within 10 working days of their receipt of this request.

Signature: _____

Date Received by *Giant Leaps Occupational Therapy, PC*: _____

Appointment Date and Time to Review Record: _____

**MEDICAL RECORD ACCESS REQUEST
PATIENT**

Date: _____

I, _____, request to view my
(Print Name Here)

medical record from *Giant Leaps Occupational Therapy, PC*. I understand that *Giant Leaps Occupational Therapy, PC* must provide me with access within 10 working days of their receipt of this request.

Signature: _____

Date Received by *Giant Leaps Occupational Therapy, PC*: _____

Appointment Date and Time to Review Record: _____