



REQUEST FOR ACCESS: FEE ESTIMATE

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For Access to Health Information

Dear [Patient Name]:

This letter responds to your request to access your health information, which we received from you on _____.

We have determined that the following fees will apply if we process your request:

- ☐ A fee of \$ _____ per hour will be charged to prepare a summary of the information for you. We estimate that the preparation will take ____ hour(s).
- ☐ A fee of \$ _____ will be charged to prepare an explanation of the information for you. We estimate that the preparation will take ____ hour(s).

We want you to know that you have the following options. Please check the appropriate box and return within 60 days to University Physicians of Brooklyn, Inc., _____ Practice- Box #_____, 450 Clarkson Ave., Brooklyn, NY 11203.

- ☐ Proceed with my request. I have enclosed the fee provided in this letter.
- ☐ Withdraw my request. I will pay no fee.
- ☐ Modify my request to reduce the applicable fee. Specify modification of request:

If we do not hear from you within 60 days, we will assume that you have decided to withdraw your request.

_____ Practice