

FOND DU LAC COUNTY DEPARTMENT OF SOCIAL SERVICES

87 Vincent Street, Fond du Lac, WI 54935

**Please print and complete form. Mail to Fond du Lac County Dept. of Social Services
Attn: Records Clerk**

Request for Access to Protected Health Information

Requester Name: _____

Address: _____
City State Zip

Phone Number: _____

Type of Records: _____

I, _____, hereby request a copy of my health information from
Fond du Lac County Department of Social Services for the period of _____.

I understand that I may access my health information through any of the following methods.
Please check the desired method:

I prefer to inspect and/or copy the requested information in person and will arrange for a mutually convenient time to come to Fond du Lac County Department of Social Services by calling the Records Clerk in the Business Office at (920) 929-3934.

I prefer to have the requested information copied and mailed to me at the following address and understand that I will be responsible for paying a copy fee of \$0.30 per page.

Signature of requester

Date

* You will be contacted at the above phone number for confirmation that your record request was received in our agency.