

RECORDS ACCESS OFFICE  
New York State Department of Health  
Corning Tower Room 2348  
Albany, NY 12237

Dear Records Access Officer:

I am writing to request a copy of my chronic viral hepatitis confidential case report as reported to the New York State Department of Health Viral Hepatitis Disease Registry. I understand I may request this information per the New York State Public Officers Law Section 95 (the Personal Privacy Protection Law). I have completed all of the questions below to assist you in locating my records.

**Check one (or both):**      Chronic Hepatitis B \_\_\_\_\_  
   Chronic Hepatitis C \_\_\_\_\_

**Please print the answers to all of the questions:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Any other names used (full) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number (with Area Code): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(To be witnessed by notary)

**Date:** \_\_\_\_\_

**Notarized By:** \_\_\_\_\_

**Date:** \_\_\_\_\_