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## Request for Access to Personal Health Information

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City-State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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- I would like a copy of my health information and I may be charged a reasonable cost-based fee.
- I would like to review my health information
- I would like for my health information to be provided to a third party:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Records included in this request:       Entire record       Other - Describe below:

Select the format you would prefer:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Paper<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Will pick up at the practice | <input type="checkbox"/> Electronically<br><input type="checkbox"/> Flash Drive/CD<br><input type="checkbox"/> Patient Portal<br><input type="checkbox"/> Email | <input type="checkbox"/> Fax Number:<br>_____ |
|--|---|---|

Email address: \_\_\_\_\_

For **email communication** - I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. I elect to receive email communication as requested.

Written summary of the information. There will be a reasonable cost-based fee charged.

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You will be notified regarding this access request no later than 30 days from the date received. There are limited circumstances where your request may be denied. Certain denial decisions may be reviewed at your request.

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Patient or Personal Representative – Attach proof of authority

\_\_\_\_\_  
Date \_\_\_\_\_

Printed Name of Patient or Personal Representative

**For office use only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

- Request Accepted  Request denied

If denied, provide reason(s):

Reviewable grounds:

- The access is reasonably likely to endanger the life or physical safety of the individual or another person
  - This ground for denial does not extend concerns that the individual will not be able to understand the information or may be upset by it
- The access requested is reasonably likely to cause substantial harm to a person (other than a health care provider) referenced in the PHI
- The provision of access to a personal representative of the individual that requests such access is reasonably likely to cause substantial harm to the individual or another person

Unreviewable grounds:

- Request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding
- An inmate requests a copy of their PHI and providing the copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other persons at the institution. An inmate retains the right to inspect their PHI
- The PHI is part of a research study still in progress provided the individual agreed to the temporary suspension of access
- The PHI was obtained by someone other than a health care provider (e.g., a family member of the individual) under a promise of confidentiality and providing access to the information would be reasonably likely to reveal the source of the information.

Date individual notified: \_\_\_\_\_ By: \_\_\_\_\_

Date information provided as requested

- Mailed: \_\_\_\_\_  Faxed: \_\_\_\_\_
- Emailed: \_\_\_\_\_  Placed on patient portal: \_\_\_\_\_
- Picked up in the office: \_\_\_\_\_  Other: \_\_\_\_\_