

Request to Access Your Health Information

You have the right under HIPAA to request a copy of your health information (also called "PHI"). This includes medical records and other documents used to make decisions about your care. However, this request **does not apply** to psychotherapy notes or records prepared for legal proceedings (e.g., lawsuits). Please complete this form to help us process your request.

SECTION 1—Individual Whose Records Are Being Requested

Full Name: _____ Date of Birth: _____

Preferred Contact Method:

Phone #: _____ Email: _____

SECTION 2—What Information and Dates Are You Requesting?

Check the box(es) for the records you want. For each record type, tell us the date(s) you want. You can choose a date range (e.g., 01/01/2022–12/31/2022) or a specific date (e.g., April 3, 2023). If you're unsure, you can leave the date blank.

Information Type	Date(s) for This Record
<input type="checkbox"/> Medical History	_____
<input type="checkbox"/> Treatment or Visit Records	_____
<input type="checkbox"/> Lab Results	_____
<input type="checkbox"/> Immunization Records	_____
<input type="checkbox"/> Medication History	_____
<input type="checkbox"/> Radiology/Imaging (X-rays, MRIs, etc.)	_____
<input type="checkbox"/> Surgical History	_____
<input type="checkbox"/> Emergency Room Records	_____
<input type="checkbox"/> All My Medical Records	_____
<input type="checkbox"/> Other (describe): _____	_____

SECTION 3—How Do You Want to Access and Receive Your Records? Choose how you'd like to access and receive your records. You may select more than one option. We will do our best to provide your records in the format and delivery method you prefer. If your chosen format isn't available, we will work with you to find an accessible alternative. You may also request a summary or explanation of your records.

View In-Person
 Paper Copy—Choose how you'd like to receive it:
 Pick up in office
 Mail to my address: _____
 Electronic Copy—Choose your **preferred format** and **delivery method** below:

Format (choose one): PDF Other: _____

Delivery (choose one): Encrypted Email Patient Portal CD/DVD Other: _____

⚠ Privacy Note: If you request your records by unencrypted email or other non-secure method, there may be risks to your privacy.

SECTION 4—Do You Want to Send the Records to Someone Else?

Under HIPAA, you can request that your records be sent directly to someone else, like a family member, caregiver, or attorney. This is a one-time request. For regular or ongoing requests, please fill out a separate **Authorization to Release Health Information** form. Please refer to **Section 3** for your format and delivery method preferences. Fill out the following information based on how you would like the records sent to the recipient:

Yes, please send my records to the person below. No, I do not want my records sent to anyone else.

Recipient's Name: _____

Where to Send Records (Address or Email): _____

Relationship to You (Optional): _____

SECTION 5—Who Is Making This Request? Check one:

Self (Your Records) Parent/Guardian Personal/Legal Representative

Proof of Identity (required):

Driver's License or Government-issued ID Other (specify): _____

If you are a personal or legal representative, please attach documentation (e.g., court order, power of attorney) to support your authority to act on the individual's behalf, unless we already have the necessary supporting documentation on file in the individual's medical record.



SECTION 6—Acknowledgement

By signing below, I confirm the following:

- I understand my request will be processed within 30 days, unless state law requires it to be done sooner. I also understand that the processing time may be extended by up to 30 days, and I will be notified if this happens.
- If I asked to view my records, I understand that I may need to schedule an appointment.
- If I requested copies of my records, I understand there may be reasonable, cost-based fees for copies, postage, or storage media, and I can request an estimate in advance.
- If the format I requested isn't readily available, I will be provided with my records in an accessible format, or I may request a summary or explanation.
- I understand that in some cases my request may be denied, and I will be informed of the reason and whether I have the right to appeal.
- I authorize the disclosure of my records to the person listed in Section 4, if applicable.

Signature of Individual or Authorized Representative

Date

Printed Name of Authorized Representative (*if not signed by the individual*)

Relationship to Individual

Internal Use Only

This section is for internal use only. Staff should complete all applicable fields to document the processing of the request, any fees charged, and any actions taken, including approvals, denials, or partial approvals. If a request is denied, staff must document the reason and any subsequent review actions.

Date Request Received:

____ / ____ / ____

Date Action Taken: ____ / ____ / ____

Action Taken (check one):

Approved Denied (attach reason for denial) Partially Approved (attach explanation)

In-Person Inspection

Date/Time of Appointment: _____

Format/Method Provided:

Paper Copy Provided

Electronic Copy Provided

Other: _____

Reviewable Grounds for Denial

Endangerment: Access is reasonably likely to endanger the life or physical safety of the individual or other person.

Confidential Sources: PHI obtained from a confidential source, and access would likely reveal the source.

Correctional Institutions: Request made by an inmate, and providing the information would jeopardize health, safety, security, custody, or rehabilitation.

Reason for Denial:

Unreviewable Grounds for Denial

Psychotherapy Notes: Request includes psychotherapy notes.

Legal Proceedings: Information compiled in reasonable anticipation of, or for use in, a legal proceeding.

Privacy Act: Information is subject to the Privacy Act, and denial of access is consistent with its requirements.

Date Review of Denial Submitted:

____ / ____ / ____

Date Determination

Sent to Individual:

____ / ____ / ____

Name of Reviewing Official:

Notes/Comments:

