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## Request for Access to Personal Health Information

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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- I would like a copy of my health information
- I would like to review my health information
- I would like for my health information to be provided to a third party:
  - o Name of third party: \_\_\_\_\_

Please specify the records included in this request:

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Select the format you would prefer:

- Paper
    - Mail to above address
    - Will pick up at the practice
  - Electronically
    - Email \_\_\_\_\_
  - Fax Number: \_\_\_\_\_
  - o Email address: \_\_\_\_\_
  - o For **email communication**, I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. By providing my email address I elect to receive email communication as requested.
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You will receive notification regarding this access request no later than 30 days from the date received. There are limited circumstances in which your request may be denied, some of which you may have the right to request a review of the decision.

\_\_\_\_\_  
Signature of Patient or Personal Representative

Date \_\_\_\_\_

\*Description of Personal Representative's Authority (attach necessary documentation)

**Forward this request to Privacy Officer or Office Manager**

**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:

- 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: \_\_\_\_\_