

{ORGANIZATION NAME}

ACCESS REQUEST

Purpose: This form is used for an individual's request to inspect and/or obtain copies of his or her own protected health information or records in our designated record sets or the designated record sets of our business associates.

SECTION A: Individual requesting access.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Identification Number: _____ Social Security Number: _____

SECTION B: To the individual—please read the following and complete the information requested.

You have the right to inspect and obtain a copy of your protected health information in designated record sets we or our business associates maintain. You are not, however, entitled to inspect or obtain a copy of any psychotherapy notes we may have, any information we may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, any information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a), and certain other records. To exercise your right of access, please complete this Section B.

Please specify the records you wish to inspect or obtain copies of: _____

Do you wish to: Inspect these records? Obtain copies of these records?

We will charge you \$0.____ per page to copy these records.

Would you like us to make the records available to you: On paper? Electronically?

Do you want us to: prepare a summary or an explanation of these records?

We will charge you \$_____ for the summary or explanation.

Do you want us to: Mail the copies? We will charge you for the postage.

Please list the name and address of each person, including yourself or your personal representative, for whom you want us to make copies. If you want us to provide access to or copies of your records to any person other than you or your personal representative, you must provide us with a signed authorization. We can supply you with an authorization form.

INDIVIDUAL'S SIGNATURE.

_____ Date: _____

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

{ORGANIZATION NAME}

ACCESS REQUEST PROCESSING

SECTION A: Access request processing—to be completed by Privacy Official.

We must respond to an access request within 30 days of its receipt, unless the requested records are off-site. We then have 60 days to respond.

Date access request received: ___/___/___ Date transmitted to Privacy Official: ___/___/___

Date appropriate departments and business associates directed to search for requested records: ___/___/___
Use Direction to Retrieve Records page to notify departments and business associates.

Departments directed to search their designated record sets for the requested records:

Business associates directed to search their designated record sets for the requested records:

Extension of response date:

We may take one 30 day extension of our response date by notifying the requester within the original 30 or 60 day response period of the reason for the extension and the date on which we will provide our response.

Extension notice sent on: ___/___/___ Response date promised in extension notice: ___/___/___

Reason given for extension: _____

SECTION B: Response to access request—to be completed by Privacy Official.

- Access denied on ___/___/___ by transmittal of Denial of Access to Records to the individual.
 - Individual requested review of licensed professional's determination on ___/___/___ . Attach sheet explaining disposition.
 - Individual lodged complaint on ___/___/___ . See Form 32-COMPLAINT for nature of complaint and its disposition.
- Access granted on ___/___/___ by transmittal of Grant of Access to Records to the individual.
 - Records inspected: ___/___/___
 - Copies supplied: ___/___/___ Charges: \$ _____ Paid: ___/___/___
 - Summary or explanation provided: ___/___/___ Charges: \$ _____ Paid: ___/___/___

SIGNATURE.

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

{ORGANIZATION NAME}
DIRECTION TO RETRIEVE RECORDS

Purpose: This form is used to direct departments and business associates to retrieve records requested by individuals for inspection or copying.

To: _____

From: **{ORGANIZATION NAME}**
{PRIVACY OFFICIAL NAME AND CONTACT INFORMATION}

On ___/___/___, we received a request from the individual below to inspect and/or copy the following records:

We believe you may have some or all of the requested records in your designated record sets. Please promptly search your designated record sets, retrieve each of the requested records you find and transmit those records to our Privacy Official. If you find none, please check the box below. Please sign and return this form to our Privacy Official.

As we must respond to this request by ___/___/___, please give this your immediate attention.

Signature: _____ Date: _____

Title: _____

Individual requesting access:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Identification Number: _____ Social Security Number: _____

Response to direction to retrieve records:

After due search of our designated record sets, we:

- Found no records responsive to the individual's request.
- Found the following records responsive to the individual's request and are transmitting these to your Privacy Official:

Signature: _____ Date: _____

Title: _____

{ORGANIZATION NAME}
GRANT OF ACCESS TO RECORDS

{DATE}

{INDIVIDUAL'S NAME}
{INDIVIDUAL'S ADDRESS}

Dear **{INDIVIDUAL}**:

We are granting all or part of the request to inspect and/or obtain copies of your records that we received from you on ____/____/____. (If we are denying part of your request, you will receive an additional letter from us identifying the records that you requested that we are not providing and the reasons we are not providing them.)

- The records you requested are ready for inspection. Please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}** to schedule the inspection.
- The records you requested are ready for copying to disk or paper as you asked. The copying charge will be \$_____. Upon receipt of payment of this charge, we will promptly copy the records. Please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}** to arrange to have the copies picked up by or mailed to the persons you designated on your authorization. We will charge you for the postage we incur if you want us to mail the copies.
- The summary or explanation of the records you requested is ready. Please pay \$_____, the charge to prepare the summary or explanation, and contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}** to arrange to have the summary or explanation picked up by or mailed to the persons you designated on your authorization. We will charge you for the postage we incur if you want us to mail the summary or explanation.

If you have questions or wish to discuss arrangements, please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}**

Sincerely,
{ORGANIZATION NAME}

By: _____
Privacy Official

{ORGANIZATION NAME}
DENIAL OF ACCESS TO RECORDS

{DATE}

{INDIVIDUAL'S NAME}
{INDIVIDUAL'S ADDRESS}

Dear **{INDIVIDUAL}**:

We are denying all or part of the request to inspect and/or obtain copies of your records that we received from you on ___/___/____. (If we are granting part of your request, you will receive an additional letter from us with instructions for inspecting and/or obtaining copies of the records we are providing.) The reasons we have determined that your request should be denied are:

- We do not have the requested records.
 - We do not know who may have the requested records.
 - You may be able to obtain the requested records by contacting: _____

- The records you requested are not subject to your access because they are psychotherapy notes, or have been compiled in anticipation of a civil, criminal or administrative action or proceeding, or are covered by the Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. § 263a) or the Privacy Act (5 U.S.C. § 552a).
- The records you requested were obtained in confidence from a source other than a health care provider and providing you access to these records is likely to reveal the confidential source.
- The records were created or obtained in the course of research and you agreed not to have access to them while the research remains in progress when you gave your authorization to participate in the research.
- A licensed health care professional has determined that providing you or your personal representative access to these records is likely to endanger the physical safety or life of you or another, or that the records contain references to persons not health care providers whose physical safety or life may be endangered if the access you request were granted.

If you disagree with the determination of the licensed health care professional, you may ask us to designate a different licensed health care professional who did not participate in the determination to deny you access to review that determination. Please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}** to request such as review.

You may file a complaint about our denial of your access request with us or with the Secretary of the United States Department of Health and Human Services. Please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}** to learn about the procedure for complaining to us or to Secretary of the Department of Health and Human Services.

If you have questions, wish to discuss the denial or file a complaint, please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}**.

Sincerely,
{ORGANIZATION NAME}

By: _____
Privacy Official