

	<p><i>HIPAA Request Fulfillment Time Extension Form</i></p>	<p>Revision Number: 001</p>
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Patient Name: _____

Date: _____

TYPE OF REQUEST BY PATIENT

- Request for Access to PHI
- Request to Amend PHI
- Request for an Accounting of Disclosures

Date of original request: _____

Original Due Date: _____

Request to Access: **30 days** from receipt of request.

Request for Amendment or Accounting: No more than **60 days** from receipt of request.

Revised Due Date (may not be more than 30 days from original due date): _____

Reason that extension of time to respond is needed:

A copy of this *Notice of Time Extension* has been provided to the resident or the resident’s personal representative.

Completed by	
Signature of Facility Representative	
Date	

Distribution of copies: Original to resident’s Medical Record, copy to resident.