



*Protected Health Information  
Access Request Form*

**Revision  
Number:  
001**

Date Received	
Initials of HIPAA Compliance Officer	

**Patient to complete the following information:**

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

Date: \_\_\_\_\_

**Request**

I hereby request that the Facility provide me with access to my Protected Health Information as checked below. (Check all that apply):

<input type="checkbox"/> The entire health record (all information) to the above-named requestor	
<input type="checkbox"/> Activity documentation	<input type="checkbox"/> Minimum Data Set
<input type="checkbox"/> Admission/re-admission documentation	<input type="checkbox"/> Medication and treatment records
<input type="checkbox"/> Advance directives	<input type="checkbox"/> Nursing documentation/progress notes
<input type="checkbox"/> Assessments, flow-sheets	<input type="checkbox"/> Progress notes
<input type="checkbox"/> Care plan	<input type="checkbox"/> Reports from lab, x-ray, and other diagnostic tests
<input type="checkbox"/> Informed consent	<input type="checkbox"/> Face sheet
<input type="checkbox"/> History, exams and other records	
<input type="checkbox"/> Other: (Describe as specifically as possible)	

# *Protected Health Information Access Request Form*

I request access to my health information as indicated above covering the dates:

From date		To date	
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Type of access requested:

- Inspection of requested information at the facility
- Copies of requested information maintained by the facility

<b>Signature of Patient or Personal Representative</b>	
<b>Patient Name</b>	
<b>Name of Personal Representative (if applicable)</b>	
<b>Date</b>	

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Facility to complete the following

## FACILITY RESPONSE

The request for access or copy is:

Accepted    Denied

If denied, check the reasons for denial:

- PHI is not part of the patient's Designated Record Set
- Federal law forbids making the requested information available to the patient for inspection (e.g., CLIA or Privacy Act of 1974)
- The requested information is psychotherapy notes
- The requested information has been compiled for legal proceeding
- The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information
- The requested information is temporarily unavailable because the individual is a research participant
- Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others
- Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted
- Licensed health care provider has determined that access to the requested information by the patient's personal representative could result in harm to the individual
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution
- The requested information is not maintained by our Facility

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## RIGHT TO REVIEW

- Yes
- No (contact the Facility HIPAA Compliance Officer with any questions)

You have the right to file a complaint with our Facility and the Secretary of Health and Human Services, Contact the Facility HIPAA Compliance Officer for additional information.

<b>Completed by</b>	
<b>Signature of Facility Representative</b>	
<b>Date</b>	