



**PATIENT ACCESS REQUEST**

**Patient Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Date of Birth:** \_\_\_\_\_ **Main Contact Number: ( )** \_\_\_\_\_  
☐ Home ☐ Cell ☐ Work

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**REQUEST TYPE**

- I would like a copy of my health information, and I may be charged a reasonable cost-based fee.
- I would like a written summary/explanation of my health information. I understand a separate fee may apply.
  - Provide in addition to a copy of my information.  Provide in place of a copy of my information.
- I would like to review my health information on-site/in-office. I understand an appointment may be needed.
  - I would like my healthcare provider to be present during the review. I understand an appointment and visit fee may apply.

**RECORDS REQUESTED:**  Entire Record  Other: \_\_\_\_\_

**FORMAT/DELIVERY - PATIENTS ONLY**

- Paper  Pick up at practice  Fax: \_\_\_\_\_
- Mail  Email\*: \_\_\_\_\_

\* I understand that emails and texts are not always secure ways to communicate and could be intercepted and read by a third party. I am willing to accept this risk.  
 This practice is not responsible for the privacy or security of your health information after it is sent to you or others listed on this form.

**REQUESTS - ELECTRONIC FORMAT & DELIVERY TO THIRD PARTIES**

- I would like a copy of my *electronic* health information to be *electronically* transmitted to a third party.

Transmit to: \_\_\_\_\_  
Name Phone Secure Email/Fax/EHR

**RECORDS REQUESTED:**  Entire Record  Other: \_\_\_\_\_

These records must be sent using a secure connection.

We will let you know about this access request within 30 days after it is received by this office. There are limited situations where your request may be denied. You will receive a letter explaining the reason for any denial. You can ask for a review/appeal of a denied request for certain situations.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name and description of Personal Representative's Authority (e.g., healthcare power of attorney)

\_\_\_\_\_  
(Attach documentation to support the personal representative's authority if not already on file with the practice)

## FOR OFFICE USE & REFERENCE ONLY

Date Received: \_\_\_\_\_ mm/dd/yyyy By: \_\_\_\_\_ Employee Name

- Request Accepted  Request denied (indicate reason below)

Date patient notified: \_\_\_\_\_ mm/dd/yyyy By: \_\_\_\_\_ Employee Name

Date information delivered as requested or agreed to by patient and this office to be sent in a different format than originally asked.

- Mailed: \_\_\_\_\_ mm/dd/yyyy  Faxed: \_\_\_\_\_ mm/dd/yyyy  
 Emailed: \_\_\_\_\_ mm/dd/yyyy  Sent Securely  Placed on patient portal: \_\_\_\_\_ mm/dd/yyyy  
 EHR Direct technical standard: \_\_\_\_\_ mm/dd/yyyy  Other: \_\_\_\_\_ mm/dd/yyyy (e.g., paper)  
 Picked up in the office: \_\_\_\_\_ mm/dd/yyyy

More details of all approval, denial, and review/appeal rules are listed in the *Patient Requests to Access Protected Health Information* policy. The *Fees for PHI Requests* policy explains how to figure allowable fees.

If denied, check the reason(s) here:

Reviewable denials - the healthcare provider has decided (by exercising professional judgement) that approving the request could cause one or more of the following dangers:

- Threaten the life or physical safety of the patient or another person.
- Cause significant harm to a someone mentioned in the PHI who is not a health care provider (e.g., family member, friend, coworker).
- The patient's personal representative made the request, and it is likely that approving the access request would cause substantial harm to the patient or someone else.

Unreviewable denials - reviews are not available for the following reasons:

- Psychotherapy notes.
- Information collected in reasonable expectation of, or for use in, a civil, criminal, or administrative action or proceeding.
- Information protected by the Clinical Laboratory Improvements Amendments of 1988.
- Information requested by an inmate of a correctional facility.
- Information created or obtained during research for as long as the research is in progress.
- Information that was given to the healthcare provider in confidence by someone who is not a healthcare provider. If the PHI is provided to the patient or their personal representative, that person's identity would be released with the information.

A copy of this office's complaint process and how to start a review/appeal (if applicable) should be sent with all denial letters.