



Request for Access to Protected Health Information

Form 7.60

Under the Privacy Rule, you or your designated personal representative have the right to access your protected health information (PHI) for the purposes of inspection and/or obtaining a copy. There are certain conditions under which we are permitted to deny access to your PHI. If relevant, any conditions of denial will be explained to you.

Inspection - Access to inspect PHI is provided on a scheduled basis. Please note that, due to privacy and risk management guidelines, original documents of PHI may only be inspected in the presence of one of our staff members and original materials may not be removed from the facility. Our staff can provide scheduling information for you at the time of your request.

Copies – If you prefer to receive copies of your protected health information, we charge a reasonable, cost-based fee of \$6.50.

Release to Third Party - If you wish to release a copy of your records to a third party, please complete the following:

Who will be authorized to receive information (list the individual/entity who is to receive your PHI):

Individual/Entity Name: _____

Address: _____

Phone: _____ Fax: _____

Email *: _____

* **Secure Communication** - Note that regular email is not secure. All email with ePHI is sent out encrypted.

Description of information to be disclosed - I authorize the practice to disclose the following protected health information about me to the entity, person, or persons identified above:

Entire patient record

Send only the following: _____

Information will be provided to you via electronic copy (PDF) unless you select paper copy below.

Paper copy

Patient Name

Patient DOB

Patient Signature

Date