Patient Request for Access to Health Record (HIPAA)

This form may be used to request access to health information. If you are not the Patient, but are their Personal Representative, you must also provide proof of your relation to the Patient or other legal authority to obtain access to the Patient's health information.

Patient Name: _____ Date of Birth: _____

Address: _____

1. **I wish to (check one or more of the following):**
   - ☐ Personally inspect the Patient's health records at no charge, at a mutually convenient time.
   - ☐ Obtain a copy of the Patient's health records. I understand that if I am not the Patient that I may be required to pay the copying charge and any costs of postage before the copies will be released to me.
   - ☐ Obtain a summary of information in the Patient's health records, at a charge to be agreed upon by the parties.
   - ☐ If the requested records are in an electronic format, I wish for an electronic copy sent by fax.
   - ☐ I wish to have electronic access of the requested records in the Patient portal at no charge.

2. **I want you to send the requested records to the attention of: _____**
   - ☐ Portal ☐ Pickup ☐Fax _____
   - ☐Mail to address: _____

3. **The information to be inspected and/or copied includes only those items checked below--If you only need information regarding certain dates or types of treatment, please describe below:**
   - Billing and payment information: _____
   - Health record: _____
   - A summary of information in the medical record including: _____

4. **I certify that I am *(check whichever applies)*:**
   - ☐ the Patient
   - ☐ the Patient's Personal Representative, and that the identification and proof of authority that I have provided are true and correct.

   My relationship to the Patient is that of:
   - ☐ Parent/Guardian ☐ Authorized Decision Maker

Requestor's Name: _____

Signature: _____ Date _____

Office Use Only

Date Received:	Verification Method: ☐ Personally Known ☐ Photo ID ☐ 2 forms of alternate verification:	Person Completing:	Date Completed:
Information Blocking Exception	IB Blocking Type: ☐ None ☐ Preventing Harm ☐ Privacy ☐ Security ☐ Infeasibility	IB Reason:	IB Provider: