

Request for Access to Personal Health Record

Information & Instructions: We will provide you with access to your personal health records unless a legal exception applies. We will review all health records access requests and will make every effort to respond to your request in a timely fashion. Please complete parts A and B of this form. Part C is for our internal use.

Part A: Requestor Information

Last Name	First Name	Initials
Address		
Telephone Number	Date of Birth	QA#

If you are a substitute decision-maker, your contact information:

Last Name	First Name	Initials
Address		
Telephone Number	Relation to Patient	

Identification Verified

Documentation provided to confirm substitute decision-maker authority:

Will Power of Attorney Other _____

Part B: Access Request

- Describe what you need and include details that will help us locate the record (e.g., dates, name of healthcare provider, etc.).



2. How would you prefer to access this information:

- Receive a hard copy of the records
- View the original records in the facility
- View the original records and select hard copies

Patient/SDM Signature

Name(print)

Date

Part C: Response to Access Request (For Internal Use Only)

1. Information Regarding Receipt and Initial Review of Request

Date Request Received:

2. Information Regarding Response

Date Response Issued:

- Access request granted
- Access request not granted
- Access request granted in part

If complete access request was not granted, reason for refusing/not completing the request, or part of the request:

3. Information regarding Extension

If an extension to the access request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient Notified

4. Request processed by:

Signature

Name(print)

Date