

Patient Request to Access Medical Record

Patient name: _____ Phone # _____ (Day)
_____ (Eve)

Patient Address: _____
_____ (City) _____ (State) _____ (Zip)

I hereby request to review or receive a copy (circle which) of my health information.

I understand that I will be denied access to my information that is compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative proceeding or is psychotherapy notes.

I understand that the clinic may deny access to information, without any right to a review of the denial, under the following circumstances:

- (1) The requested information was obtained from someone else under a promise of confidentiality and access would likely reveal the source of information.
- (2) The request is for information obtained in the course of research that includes treatment of the research participants, I agreed to the denial of access in conjunction with the my consent to participate in the research and I was informed that the right of access would be reinstated upon completion of the research.
- (3) The information is held by a federal agency or its contractor and, under the federal Privacy Act of 1974 (5 U.S.C. 552a).
- (4) The health, safety, custody, or rehabilitation of an inmate or the safety of any officer, employee or other person at a correctional institution or transporting the inmate is jeopardized. (This denial is limited to an inmate's request to obtain a copy of PHI. If an inmate requests inspection of PHI, the request will be granted unless one of the other grounds for denial applies.)

If my request for access is denied because of other circumstances, I have a right to have the request and denial reviewed by a licensed health professional selected by the clinic. The person conducting the review will not be the person who denied it and the clinic will comply with the decision of the reviewer. The circumstances under which I have a right to review of a denial are:

- (1) The access requested is reasonably likely to endanger my life or physical safety or that of another person.
- (2) The information requested makes reference to someone other than myself (and other than health care practitioner) and the access requested is reasonably likely to cause serious harm to that other person. Genetic information about the other person can be withheld if the release of such information is reasonably likely to cause substantial physical, emotional, or psychological harm to the other person.
- (3) There is a reasonable belief the patient has been or will be subjected to domestic violence, abuse or neglect by the person's personal representative, and it is not in the best interest of the patient to provide the personal representative access to the information.
- (4) Access to information requested by a personal representative of the patient is reasonably likely to cause substantial harm to the patient who is the subject of the information or to another person.

Signature of Patient

Date

Access/Copy Approved Access/Copy Denied

Reason for Denial _____

Is denial subject to review? _____