

Huguley Medical Associates

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Section A: Please complete the following information for all requests

1. Today's date _____

2. Patient name _____

3. Birth date _____

4. Account # _____

5. Patient address _____

6. I hereby request that **Huguley Medical Associates** provide me with (please check all boxes that apply)

Access to My own copy of the "Requested Information" checked below:

My medical records.

My billing records.

Any other records used by (AHS Entity) to make medical, billing or other decisions about me. Please describe:

I am only interested in accessing or obtaining a copy of the Requested Information relating to the time period _____ through _____.

I am interested in accessing or obtaining a copy of all Requested Information maintained by **Huguley Medical Associates**.

I would prefer to receive the Requested Information in the form of a summary if available as prepared by **Huguley Medical Associates** at a cost to me of (\$_____).

Other specific requests: _____

7. What format do you wish to receive the information in:

Photocopies Electronic (if available) Other (if available) _____

Signature of patient or legal representative _____ *Date* _____

Printed name of personal representative _____

Relationship to Patient: _____

Section B: Must be completed by AHS Entity only

Access has been: *Accepted* *Denied*

If denied, check the reason for denial:

- PHI is not part of your designated record set.
 - Federal law forbids making the PHI in question available to you for inspection (e.g., Privacy Act of 1974).
 - PHI is in the form of psychotherapy notes.
 - PHI has been compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - PHI was obtained under promise of confidentiality and access would be reasonably likely to reveal source of PHI.
 - PHI is temporarily unavailable because you have agreed to denial of access in connection with your agreement to participate in a research study.
 - Licensed health care professional determined access to PHI is reasonably likely to physically harm you or others.
 - Licensed health care professional determined PHI identifies a third person who is reasonably likely to be substantially physically, emotionally, or psychologically harmed if access to PHI is granted.
 - Licensed health care professional determined providing your personal representative access to PHI is reasonably likely to harm you.
 - We are acting under the direction of a correctional institution and allowing the inmate (you) to obtain a copy of PHI would jeopardize the health, safety, security, custody or rehabilitation of you or another person at the correctional institution.
 - PHI is not maintained by our health care facility.
 - We do not know who maintains the PHI you requested.
 - We reasonably believe the PHI you requested is maintained by (Contact Information):
-
-

Right to Review:

- You do not have the right to a review of this denial.
- You do have the right to a review of this denial.

Contact Information _____

- You do have a right to complain to the Secretary of the Department of Health and Human Services. Please see enclosed information.

Staff comments _____

Signature of staff person _____ Date _____

Print name and title _____

You may be charged a cost-based fee for labor, supplies, any portable electronic media used, and postage.