

Request to View or Obtain Copy of Personal Medical Records

I, _____ (Patient Name), hereby request to inspect or obtain a copy of my medical records from _____ (Name of Practice or Physician). Under federal law 104-191, also known as HIPAA, I am entitled to such access upon written request.

I would like to:

_____ access and inspect my personal medical records

_____ obtain a copy of my personal medical records (hardcopy records)

_____ obtain a copy of my personal medical records (electronic records)

Policies and Restrictions on Viewing or Copying Personal Medical Records

- Under federal law, we may only provide a “Designated Record Set” of your personal medical records. This Designated Record Set only includes medical and billing records we physically store and maintain on our premises, and only includes those portions of medical records that “are used to make decisions about patients.”
- We are NOT able to provide you with:
 - Items not maintained in legal health records
 - Education records exempt from HIPAA
 - Psychotherapy Notes
 - Data exempted by the Clinical Lab Improvements Act
 - Data involved in criminal, civil, or administrative actions
 - Records put together in anticipation of legislation
 - Other data types may also be excluded.
- If an Electronic Health Record (EHR) system is in use, you may request and obtain an electronic copy of your medical records. You may also instruct us to send an electronic copy of your medical records to any third party you specify in writing.
- We may legally deny your request for access to your medical records, without opportunity for appeal, in the following circumstances:
 - You are an inmate in a correctional institution, and access would endanger your health and safety or the health and safety of anyone else in the facility.
 - Your records were generated in the course of ongoing research, and disclosure would jeopardize the research. (You must have agreed, in writing, to such a restriction previously. And if so, your right of access will be restored at the conclusion of the research)
 - Your records are subject to federal Privacy Act protections (Under 5 USC 552a)

- The information was obtained from someone under a promise of confidentiality, and the access requested would be reasonably likely to reveal the source.
- We may legally deny your request for access to your medical records, but *with* an opportunity for appeal, if such access is reasonably likely to endanger the life or physical safety, or cause substantial harm to, you or another person.
- Our Policy is to respond to and fulfill your request within *30 days*.
- If you are simply viewing your Designated Record Set, we reserve certain days and times for such viewing. Our regular days and times are: Monday – Friday 8am-5pm.
- If you are requesting copies of your Designated Record Set, fees will be charged for the copies. Please check with the clinic prior to signing this document.

Patient Name: _____

Address: _____

Telephone: _____

Email: _____

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

▼▼▼ FOR OFFICE USE ONLY ▼▼▼

Received by:			
Date Received:		Time Received:	
Action(s) Taken:			
Files or Records Disclosed:			
Patient Follow-Up:			
Staff Signature:			