



Request for Inspection of Patient's Health Information

As a patient of CommuniCare Health Centers, you are entitled under federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit it to the Health Information Manager or designee. When received by Health Information Manager or designee, he or she will use the information to verify your identity and process your request. If you have any questions or concerns, contact the Health Information Supervisor at (210) 233-7060.

Date of Request _____

Record Number: _____

Patient Information

Name of Patient: _____

Address: _____

City, State, Zip _____

Date of Birth: _____

Telephone Number: _____

Social Security Number: _____

Access Method

You have the right to view your protected health information, obtain a copy of the information, or both. Please indicate below if you wish to view the information. The center will determine whether to allow you to review some or all of the health information you requested.

I/Representative would like to **view** my protected health information. I will schedule an appointment with CommuniCare Health Centers to view my health information. I understand that CommuniCare Health Centers will have a staff member sit down with me as I review my health information.

Summary

I understand that CommuniCare Health Centers is given thirty days to process my request for access if my information is maintained on-site, sixty days if the information is maintained off-site, and that CommuniCare Health Centers may extend the deadline by an additional thirty days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

Signature of Patient or Patient Legal Representative

Date

Printed Name of Patient or Patient Legal Representative

Relationship to Patient if Legal Representative

Signature of Witness

Date

***Please bring a picture ID with you for verification** **(Staff please check box if you have made a copy of ID)**

FOR OFFICE USE ONLY

Access request received on _____ by _____

Access Request Reviewed by (Physician): _____

- Accepted in full
 Accepted in part
 Denied

Signature of Physician _____ Date _____

Signature of Director of Quality _____ Date _____

Signature of Health Information Manager _____ Date _____

Phone call/letter indicating decision delivered to patient/representative on _____ and spoke to _____

Appointment to view record has been set for _____

If patient or representative was given access in full, complete the information below:

The record was:

- Viewed by patient or representative on _____ Staff member who assisted the patient in viewing his or her information was _____

If decision was accepted in part, complete the information below:

If accepted in part, indicate which part(s) have been denied and the reason(s) why below:

Has patient or representative asked for a review of the decision?

- Yes, letter asking for review received on _____

Decision reviewed on _____ by _____

Reviewing official's decision:

- Affirm decision Overturn decision (complete the disclosure information above).

Patient or Representative notified of reviewing official's decision in letter/fax sent on _____

If denied, complete the information below:

If denied, indicate why the request has been denied (be specific):

Has patient or representative asked for a review of the decision?

- Yes, letter asking for review received on _____

Decision reviewed on _____

Reviewing official: _____

Reviewing official's decision:

- Affirm decision
 Overturn decision (if overturned, complete the disclosure information above).

Patient notified of reviewing official's decision in letter/fax sent on _____

Comments of Healthcare Practitioner or Reviewer:

Reviewing Official's Signature

Date