



## Request to Inspect or Receive a Copy of Protected Health Information

### Instructions

Your request to inspect or obtain a copy of your protected health information will be reviewed by the Department of Health. We will provide the access you requested or inform you of our denial of access or need for extension within 30 days of receipt of this request if the information is maintained on-site, or within 60 days if the information is maintained off-site, as required by federal law. If we have questions concerning your request, we may contact you. Please ensure your contact information is correct and current so that we may process your request as quickly as possible. Please return this request and address your questions to: *Division/Dept Privacy Official Name, Division/Dept. Privacy Official Address 1, Division/Dept Privacy Official Address 2, Phone Number, Fax Number.*

### Requester Information

Client Name:

SSN:

Date of Birth:

Contact Phone(s):

Contact Address:

### Information Requested

Please describe the information that you would like to examine or obtain a copy of

Signature of Client or Personal Representative

Date

Printed Name of Personal Representative and SSN

Description of Personal Representative's Authority

### For Department Use Only

#### Processor Information

Received By (Staff Name):

Division/Section

Reviewed By (Staff Name):

Division/Section:

#### Status

Please attach all copies of notifications

Review Extension:

Date Notification Sent:

Entire Request Approved:

Partial Request Approved:

Entire Request Denied:

#### Forwarding Information

If not fully approved or denied by initial reviewer

#### Comments

Attach additional comments if needed

Date	Staff Name/Division