

Request to Inspect or Copy PHI

Information Requested

Please describe the information that you would like to examine or copy:

Review Procedures

Your request to inspect or copy your protected health information will be reviewed by [title of privacy official], who will determine if the information requested may be made available to you. We may be legally prohibited from making certain information available to you or your representative, including:

- Psychotherapy notes
- Information related to legal proceedings
- Information that federal or state laws prevent us from disclosing
- Information related to medical research in which you have agreed to participate
- Information whose disclosure may result in harm or injury to you or to another person
- Information obtained under a promise of confidentiality

Within the limitations of law, we will make every effort to accommodate your request.

We will:

- Complete our review of your request and either arrange for you to inspect your records within 30 days of your request, or
- Provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Patient Signature _____

Name of Patient (Print or Type) _____

Signature of Patient _____

Date _____

Signature of Patient Representative _____
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient _____