

## Request for Access to Medical Record

As provided by the Health Insurance Portability and Accountability Act, you have a right of access to inspect and/or obtain a copy of your health information contained in a designated record set (medical record). This right does not apply to:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding and
- Protected health information that is subject to the CLIA restrictions of 42 USC 263a or pursuant to 42 CFR 493.3 (a)(2)

Please indicate specifically the information to which you are requesting access:

- Notes and results from the following date(s): \_\_\_\_\_
- Notes and results by the following provider: \_\_\_\_\_
- All information held by \_\_\_\_\_
- Other-Please specify: \_\_\_\_\_

Please indicate if you wish to come in and review the records or receive a copy (you may be charged a reasonable cost-based fee for copies). If you request copies, they will be sent to the address you provide below:

- Review the records (within 10 days in NE; 30 days in IA)
- Receive a copy (within 30 days)

As required by law, we will respond within the time frames indicated above to inform you of the acceptance of your request and provide you with access or copies. You will be notified of the reason if there is a delay. If access is denied for the reasons stated above or other reasons pursuant to HIPAA, you will receive a written denial explaining the reasons for the denial and instruct you on your options regarding the information.

Please provide the following information so that we may contact you regarding the review or send the information as requested:

Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:	
Received on: _____	
Access on: _____	Other: _____
Copies on: _____	_____
Mailed _____	Picked-up _____