Prairie View
Behavioral & Mental Healthcare

Name:______________________________
Prairie View Case Number:________________
Patient's Date of Birth:__________________

Request for Patient Access to Protected Health Information

You have the right to inspect or obtain a copy of your protected health information maintained by Prairie View. Your request must be made in writing using this form. The form must be completed prior to Prairie View providing you the requested information.

Prairie View will provide electronic or paper copies of such information as requested and as agreed upon.

A $6.50 fee will be charged for a CD of your records. Other charges may apply for records that cannot be routinely duplicated. You will be notified of such charges.

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I understand that the HIPAA Privacy Rule sets forth certain types of protected health information that are not subject to a request for access, including but not limited to a request for access to psychotherapy notes or a request for access to protected health information, when a licensed health care provider has determined that access is likely to endanger the life or physical safety of any person. In such a case, Prairie View does not have to grant me access to the requested protected health information and will provide me with notification of the denial, in writing, the reason for the denial, and whether the denial is subject to an appeal.

I hereby request Prairie View to make the following records available to:__________________________.

Describe records:____

____

Manner of delivery:

___Mail to:____
___On-site pick up at (which Prairie View office):_________________________________
___Email to:_______________________________________ (must sign Email Consent Form)

Format of record:

___Paper
___Electronic (specify: CD, PDF, etc.):_________________________________

____
Signature of Patient

Date:____________ Time:____________

OR

____
Printed Name of Representative (Person Requesting Records)

____
Signature of Representative

____
Description of Representative's Authority
(e.g. Parent, Legal Guardian, or Durable Power of Attorney)

____
Address Line 1

____
Address Line 2

Phone:______________________

Date:____________ Time:____________

____
Prairie View Representative

Date:____________ Time:____________