



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. This form must be completed prior to Prairie View providing you the requested information. You may email the completed form to **zz_HIMNewton@pvi.org** or drop the form off at any of our locations.

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.

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: _____