

Request to Inspect or Copy Health Information

Client Identification:

Client Name: _____	Date of Birth: _____	Client ID #: _____
Client Address: _____		
_____ Street	_____ Apt #	_____ City
_____ State	_____ Zip	
Home Phone: (____) _____	Work Phone : (____) _____	Cell Phone : (____) _____

Description of Records Requested:

Please describe the specific information or records requested.

Time period: from _____ to _____

Scope of Request:

There is a cost-based charge for copying records. Please see page 3, General Information, for details.

- Inspect
- Copy
- Both inspect and copy

Signature:

I understand there is specific health information to which this agency may deny access, without my having an opportunity for review, as follows:

- Psychotherapy Notes
- Information compiled for civil, criminal, or administrative action or proceeding
- Health information subject to the Clinical Laboratory Improvement Amendments of 1988
- Information created or obtained in ongoing research that includes treatment if this was a condition of participation in the research; denial of access without an opportunity of review will be removed at the conclusion of the research
- Health information obtained under a promise of confidentiality

I further understand there may be circumstances when a licensed health care professional may deny my request for access to my health information; and that I am allowed to request a review by another licensed health care professional.

Name (Printed)

Signature

Date

If Personal Representative, please provide proof of identity and/or describe authority: _____

Request Determination on Reverse Side



This section is for agency use only

Review of Request

Identity of individual has been verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Response Due Date: _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top; padding: 5px;">Determination:</td> <td style="padding: 5px;"> <input type="checkbox"/> REQUEST APPROVED <input type="checkbox"/> REQUEST DENIED </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Reason for Denial:</td> <td style="padding: 5px;"> <input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Client or other(s) <input type="checkbox"/> Access requested by personal representative and access could cause substantial harm to client or other(s) <input type="checkbox"/> Other _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> REQUEST APPROVED </td> </tr> </table>		Determination:	<input type="checkbox"/> REQUEST APPROVED <input type="checkbox"/> REQUEST DENIED	Reason for Denial:	<input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Client or other(s) <input type="checkbox"/> Access requested by personal representative and access could cause substantial harm to client or other(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> REQUEST APPROVED	
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Reason for Denial:	<input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Client or other(s) <input type="checkbox"/> Access requested by personal representative and access could cause substantial harm to client or other(s) <input type="checkbox"/> Other _____						
<input type="checkbox"/> REQUEST APPROVED							
_____ Privacy Officer	_____ Date						

Agency Responsibilities

Approved Request:	<input type="checkbox"/> Determination of method for Client access <input type="checkbox"/> Notice to Client of approved access <input type="checkbox"/> Offer Client summary of information <input type="checkbox"/> Notify Client of requirements for copies of health information
Denied Request:	<input type="checkbox"/> Written Notice to Client of basis for denial <input type="checkbox"/> Provide Client with contact information for US DHHS Secretary
_____ Privacy Officer	_____ Date

GENERAL INFORMATION

Acupuncture Wellness Center will not allow access to:

- Psychotherapy notes
- Information compiled for civil, criminal, or administrative action or proceeding
- Health information subject to the Clinical Laboratory Improvement Amendments of 1988
- Information created or obtained in ongoing research that includes treatment if this was a condition of participation in the research; denial of access without an opportunity of review will be removed at the conclusion of the research
- Health information obtained under a promise of confidentiality

When a request for access to Protected Health Information is received, access will be approved/denied within the following time frames:

- Within thirty (30) days if the requested information is maintained and accessible on site; or
- Within sixty (60) days if the requested information is maintained off site.

The time frames stated above may be extended one time for no more than thirty (30) days. If the extension is necessary, we will provide the individual, within the time frames above, a written statement that specifies the reason(s) for the delay and the date by which the individual may expect to receive a decision on the request to access the Protected Health Information for inspection and/or copying.

The Protected Health Information will be provided in the form or format requested if it is readily producible in that matter, or if not, in a form or format agreed upon by both parties.

In place of providing access, Acupuncture Wellness Center may provide a summary of the requested Protected Health Information for an additional charge if the individual agrees to the summary and to the additional fee.

Acupuncture Wellness Center and the individual will arrange a mutually convenient time and place for the individual to inspect and/or obtain a copy of the requested Protected Health Information. We will mail a copy of the requested Protected Health Information if the individual prefers this method of obtaining a copy.

Acupuncture Wellness Center may charge a reasonable, cost-based fee for copying, including labor and supplies (for instance, paper, computer disks) and the cost of postage when the individual requests that the information be mailed. Acupuncture Wellness Center may charge a nominal fee for preparing an explanation or summary of the requested Protected Health Information if the individual is informed of and agrees to receive a summary. A summary may be prepared when, for example, an individual's medical record is very extensive, other individual's Protected Health Information is contained in the same record set, etc.

If Acupuncture Wellness Center denies access to Protected Health Information, we will provide a timely written denial in plain language to the individual that includes:

- the basis for the denial;
- if applicable, a statement of the individual's right to a review of the decision with an explanation of how to exercise this right; and
- a description of how the individual may file a complaint with Acupuncture Wellness Center, LLC and the Secretary of the U.S. Department of Health and Human Services (DHHS), including the name and telephone number of Privacy Officer of Acupuncture Wellness Center. LLC

If Acupuncture Wellness Center denies access because it does not maintain the Protected Health Information requested but knows where the requested Protected Health Information is maintained, we will inform the individual where to direct the request. Acupuncture Wellness Center documents the records that comprise the designated record set that is subject to access requests and maintains these records for a period of six (6) years from the date they were created or were last in effect, whichever is later.

Acupuncture Wellness Center maintains this form for a period of six (6) years.