Semcac Family Planning Clinic

Patient Name _____

Patient # _____ DOB _____

REQUEST FOR ACCESS TO HEALTH INFORMATION

I HEREBY REQUEST access to ☐ inspect or ☐ obtain a copy (check the box that applies) of my health information held by Semcac Family Planning Clinic (Semcac Clinic). I am requesting the following information:

	Dates:
❑ Entire Medical Record *OR* (check appropriate boxes)	_____
❑ Medical History	_____
❑ Record of Physical Exam	_____
❑ Lab Results (non-HIV)	_____
❑ HIV Results	_____
❑ Progress Notes	_____
❑ Other: _____	_____

❑ **Reason for Release** of Information _____

CONDITIONS

1. **THIS REQUEST IS LIMITED BY LAW.** This request for access to inspect or obtain a copy of health information is subject to all of the limitations found at 45 C.F.R. 164.524.

2. **THIS REQUEST IS FURTHER LIMITED.** There is no right to request access to inspect or obtain a copy of: a) Psychotherapy notes; b) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or c) Information subject to the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. 263a or any exceptions found at 42 C.F.R. 493.3(a)(2)).

3. **TIME FOR RESPONSE.** Semcac Clinic has up to 30 days after receipt of this request to respond and the right to extend the time for response for an additional 30 days.

4. **PROVIDING ACCESS REQUESTED.** Semcac Clinic is obligated to provide access only if the information is readily producible in a readable form or format. SEMCAC CLINIC is not obligated to reformat information in a form that is convenient for the requestor.

5. **TIME AND MANNER OF ACCESS**. If access to inspect is granted, a convenient time or place shall be agreed upon for inspection. If access to obtain a copy is granted, the information shall be mailed to requestor. Semcac Clinic may limit the scope, format and other aspects of the information as necessary to facilitate timely access. Additionally, if agreed to in advance, Semcac Clinic may provide a summary of the requested information, in lieu of providing access to the information.

6. **FEES.** If a copy of the information is requested, Semcac Clinic may impose a reasonable fee that includes the cost of: a) Copying, including the cost of supplies and labor for copying the requested information; b) Postage if a copy of the information or a summary is mailed to the requestor; and c) Preparing an explanation or summary of the health information (if agreed upon).

7. **DENIAL OF A REQUEST FOR ACCESS.** If a request for access is denied, in whole or in part, a written explanation will be provided that contains: a) An explanation of the basis of the denial; b) A statement of review rights, if applicable; and c) A description of how the requestor may complain to Semcac Clinic or to the Secretary of Health and Human Services ("HHS").

8. **NO RIGHT TO ASK FOR A REVIEW OF A DENIAL.** There is no right to ask for a review if Semcac Clinic denies a request for access to: a) Any information described in paragraph 2 above; b) If Semcac Clinic created the information while acting under the direction of a correctional institution; c) The information involves research that is in progress and denial of access was agreed to as part of your consent to participate in the research; or d) The information was obtained from a third party under a promise of confidentiality and access would likely reveal the source of the information.

9. **RIGHT TO ASK FOR A REVIEW OF A DENIAL.** There is a right to ask for a review by a second licensed healthcare professional designated by Semcac Clinic of a denial of a request for access under the following circumstances: a) The initial denial was based on a determination by a licensed healthcare professional that access to the requested information is likely to endanger the life or physical safety of the requestor or another person; or b) The initial denial was based on the determination by a licensed healthcare professional that access to the requested information is likely to cause substantial harm to the requestor or a third person.

_____

Patient Signature (or legally appointed representative) Date

_____

Signature of Employee Granting Access (RN or Above) Date

Original to be scanned into patient's chart.
Copies to:
Give to the patient
Goes to the Privacy Officer