

SOUTHEAST MISSOURI STATE UNIVERSITY

Please check the appropriate Health Care Component

Self-funded Health Plan

Health Clinic

Autism Center

**REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION
OR
REQUEST FOR REVIEW OF DENIAL OF REQUEST FOR
ACCESS TO PROTECTED HEALTH INFORMATION**

1. I, _____, hereby request [please initial all that apply]:

_____ access to my medical information concerning _____.
[Proceed to Question 2].

_____ a copy of my medical information concerning _____.
[Proceed to Question 2].

_____ a review of your denial of my request for access to or a copy of my medical information
concerning _____ dated _____
_____. [Sign and return].

2. Please complete this question 2 **only if you are requesting to inspect or to receive a copy of protected health information.**

a. I request access to, or a copy of, the following protected health information [please specifically describe the protected health information you wish to inspect or copy]: _____

b. Please contact me at the following telephone number to set up a time and place during regular business hours that I may inspect the protected health information or to inform me of the cost associated with copying my medical information: _____

c. If the Company uses or maintains my medical information in an Electronic Health Record [please initial all that apply]:

_____ I request an electronic copy of my medical information.
_____ I direct that a copy of my medical information contained in the Electronic Health Record be transmitted to _____
_____ (directions need to be clear, conspicuous and specific).

Date

Signature of Patient or Patient's Representative

Description of Representative's Authority

FOR OFFICE USE ONLY

The Covered Entity (name) _____ hereby:

_____ grants the request for inspection.

_____ denies the request for inspection for the following reasons _____

The denial of the request for inspection is:

_____ reviewable.

_____ not reviewable.

The cost of copying and mailing the protected health information is: _____.

The licensed health care professional reviewing our denial of the request for inspection is _____.

The reviewing health care provider instructed the Covered Entity to:

_____ grant the request for inspection.

_____ deny the request for inspection for the following reasons: _____

Dated

Signature