

Request for Access to Inspect or Copy Record

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Address to send copy of Records \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_ Date \_\_\_\_\_

I am requesting access to my designated record set for the following purpose:

I wish to review my record as follows (indicate date & time) \_\_\_\_\_

I am requesting a copy of the following portion of my record: \_\_\_\_\_

I would like to have a summary of my record, subject to agreement by \_\_\_\_\_  
Name of counselor

I understand that I will be charged a reasonable cost-based fee for this copy of my record, portion of my record or a summary of my record and that Residence XII may withhold my copy (format requested above), until this fee is paid. The agreed upon fee for my request specified above is \$\_\_\_\_

I understand my record or summary will be provided to me in a paper format; that I will be informed if my record or requested portion of my record does not exist or cannot be found; that if Residence XII does not maintain my requested record or portion of that record, Residence XII will inform me (if known) of the health care provider who does maintain my record.

I understand my request may be granted or denied. In either event, my request will be responded to as promptly as required under the circumstances, but no later than 15 working days after receiving this request. In the event that unusual circumstances delay my request, I will be informed in writing of the reasons for the delay and of the earliest date ( not later than 21 working days after my request ) that my records will be available for examination or copying, or when my request will otherwise be disposed..

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient’s personal Representative \_\_\_\_\_

For Residence XII Use Only

Date request received \_\_\_\_\_ Request Response Due Date \_\_\_\_\_

6 working day Extension Enacted [ ] Yes [ ] No Patient informed [ ] Date \_\_\_\_\_

New required Response Date \_\_\_\_\_

Action Taken (check one) [ ] Granted [ ] Denied If denied state reason \_\_\_\_\_