

INTEGRITY HOME CARE

Patient Access to the Medical Record Request Form

I, _____, request Integrity Home Care make copies of my medical records for my personal inspection. I understand that these records contain protected health information (PHI). I agree to be responsible for the cost of copying these records, including copying fees, labor, supplies, and postage (if applicable). The charge for this will be \$_____. I agree to pay for this prior to the service being rendered.

Patient Signature _____

Patient Printed Name and Date of Birth _____

Date of request _____

Response to Request (Must be within 60 days of receipt of request.)

- Grants all or part of your request _____
 Denies all or part of your request _____

For the following reason: (Check all that apply)

- Not part of the designated record set
- Contains psychotherapy notes
- Information was compiled for civil, criminal or administrative actions
- Subject to CLIA
- Regards inmate at correctional institution
- Was created during research
- Is subject to Federal privacy act
- Was not created by this facility

Patient may not appeal if denial is for any of the above reasons

- Denied at the discretion of the practice as the information may be harmful to the patient or a third party
- Requests a 30-day extension to respond due to _____