

Client Access To Medical Record Request Form

child&familydevelopment



Client's Name: _____ Date of Birth: _____
(first name last name) (mm/dd/yy)

Printed name of client's representative: _____

Relationship to client: _____ Phone: _____

I request copies of the above named client's medical record, as described below. I understand these records contain Protected Health Information (PHI). I understand this request form must be fully completed and signed in addition identification must be verified in order to process this request. I agree to be responsible for the cost of providing these records, as described and selected below.

DATES OF SERVICE: From _____ (mm/dd/yy) to _____ (mm/dd/yy or ongoing)

REQUESTED DOCUMENTS:

- List specific document(s): _____
- I request evaluations, treatment plans and progress notes.
- I request the entire medical record including daily notes, outside records, and signed forms or documents.

SELECT WHICH RECORDS YOU ARE REQUESTING:

- Occupational Therapy records
- Educational records
- Physical Therapy records
- Psychological records
- Speech Therapy records

RECORDS PRODUCTION (select the applicable option): Child & Family Development adheres to the HIPAA Privacy Rule 45 CFR 164.524: Individuals Rights under HIPAA to Access their Health Information which permits fees for electronic and paper copies of medical records. **Payment must accompany the request.**

- Electronic copies: \$6.50 PROVIDE PERSONAL EMAIL:** _____
- Paper copies: A minimum \$10.00** fee for paper copies of medical records.

Signature of client or client's representative

Date

INTERNAL USE: CHILD & FAMILY DEVELOPMENT HIPAA OFFICER ACTION/COMMENTS

We will respond within 30 business days of the date of this request. **Employee Initials/Date:** _____/_____

- Request approved without change
- Part of this request approved with a change: _____
- Request denied, in part or whole, for the following reason(s). The reasons listed below may not be appealed:
 - The information is not part of your designated record set
 - The information contains psychotherapy notes
 - Other: _____

We request a 30-day extension to respond due to: _____

Client notified. Date/Initials/Comments: _____

Additional comments: _____

Signature of HIPAA Privacy Officer or designee

Date