

Alliance Obstetrics & Gynecology, PLC

1560 Turf Lane, East Lansing, MI 48823

Patient Request for Access to Protected Health Information (Medical Records Release – Patient ONLY)

Under the Privacy Rule, a patient or his/her personal representative may request access to the patient’s protected health information for the purposes of inspection and/or obtaining a copy of the protected health information. There are conditions under which a healthcare provider may deny access to protected health information. Under such conditions, there is no opportunity or requirement to have the denial of access reviewed. These conditions include:

1. Psychotherapy notes;
2. Information intended for use in a civil, criminal, or administrative actions;
3. When an individual (patient) is an inmate in a correctional facility or the healthcare provider is acting under the direction of correctional facility, where providing access to information would endanger other inmates or correctional employees;
4. When an individual (patient) has consented to the withholding of information as a subject in a research program that is still in progress;
5. When the Privacy Rule denies access; and
6. When the healthcare provider obtained the protected health information under a promise of confidentiality, and access to the information would reveal the source of the information.

There are three conditions under which a healthcare provider may deny access to protected health information but, if they do, must provide the individual (patient) or his/her personal representative an opportunity to have the denial reviewed. These conditions include:

1. When the healthcare provider has determined that access to the protected health information is likely to endanger the life or physical safety of the individual (patient) or another person;
2. When the information identifies another person, and the healthcare provider believes that access will cause harm to the other person; and
3. When the information is requested by a personal representative of an individual (patient) and, in the judgment of the healthcare provider, providing access to the information might subject the individual (patient) to domestic violence, abuse, or neglect by the personal representative.

Access (inspection and/or obtaining copies) to protected health information is provided on a scheduled basis. A representative from our office will contact you at the number you provide to arrange a time. Additionally, we will charge a reasonable fee for any copies of protected health information. **Our copy fee is \$25 and/or a \$5 fee for Radiology DVD’s.** Please note that, due to privacy and risk management guidelines, original documents of protected health information may only be inspected in the presence of one of our staff members and original materials may not be removed from the facility.

Please specify the format in which you would like the PHI provided to you. We will accommodate your request, if possible.

- Paper copy Electronic copy – preferred format: _____

Records Requested: _____

Patient name (print) Phone number

Patient signature Date

Date of birth: _____ Completion Notification: _____

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| FOR OFFICE USE ONLY: Patient contacted on _____ by _____ | Updated 1/30/2017 Form 7.60 |
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