

REQUEST FOR ACCESS TO HEALTH INFORMATION

Patient Name:
Patient DOB:
Patient Telephone Number:
MR # (to be completed by PPGT staff):

I hereby request access to inspect or obtain a copy of the following records maintained by or for Planned Parenthood of Greater Texas, Inc. ("PPGT"). If the entire medical record is to be released, please check only the first box:

- My entire medical record, for all time periods.
- Select portions of my entire medical record, for the following time period: ____ / ____ / ____ to ____ / ____ / ____
- My billing records, for all time periods.
- My billing records, for the following time period:
____ / ____ / ____ to ____ / ____ / ____
- Other (specify): _____

I request that access be provided in the following format:

- Paper copy: Regular mail delivery
- Paper copy: In-person pick up
- Fax
- Electronic copies (for information maintained electronically)

I request that PPGT send the electronic copies by the following method:

- Patient portal
- Emailed to the email address specified above
- Alternate format requested (specify): _____

By checking the box to request that your health information be sent in an electronic format, you acknowledge that sending information electronically may give rise to certain privacy and security risks, including that there is some level of risk that your Protected Health Information could be read or otherwise accessed by a third party while in transit.

I request that the information be sent to the following (please include the name, along with such other contact information as is needed to make the disclosure):

Name	

Street address	

City, State, ZIP	
_____	_____
Phone	Fax

Email	

Please confirm the accuracy and completeness of the information you provide above regarding the recipient to whom your records will be released. The accuracy and completeness of this contact information are solely your responsibility. PPGT will not verify the accuracy or completeness of this contact information. By providing this contact information, you are authorizing the release of the specified records to the recipient.

The requested information may include certain sensitive information. I acknowledge and agree that information released pursuant to this request may include sensitive information relating to the diagnosis, evaluation, or treatment of any mental or emotional condition or disorder, including alcoholism or drug addiction; AIDS or HIV infection, antibodies to AIDS, or infection with any other probable causative agent of AIDS; or Title X family planning services.

This form is not required in all situations. I recognize that this access form need not be completed in all situations. For example, PPGT may use, disclose, and exchange records and information for treatment, payment, or health care operations purposes, as permitted or required under applicable law.

THIS REQUEST IS LIMITED BY LAW. This request for access to inspect or obtain a copy of health information is subject to all of the limitations found at 45 C.F.R. 164.524 and under applicable state law.

THIS REQUEST IS FURTHER LIMITED. There is no right to request access to inspect or obtain a copy of: (a) psychotherapy notes; (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

TIME FOR RESPONSE. PPGT has up to 15 days after receipt of this request to respond, except to the extent such time may be extended under applicable law. PPGT will not engage in any practice that delays fulfilling your request.

PROVIDING ACCESS REQUESTED. PPGT will provide access in the form and format requested if the information is readily producible in such form or format. If not, PPGT will provide the information in another readable form and format. If your health information is maintained electronically, you may request an electronic copy. PPGT may not be technically able to reformat information in a form and format that is convenient for the requestor.

TIME AND MANNER OF ACCESS. If access to inspect is granted, a convenient time or place shall be agreed upon for inspection. If access to obtain a copy is granted, the information shall be provided as specified above to requestor or other third-party specified above. If agreed to in advance, PPGT may provide a summary of the requested information, in lieu of providing access to the information, or may provide an explanation of the protected health information to which access has been provided.

FEES. If the individual requests a copy of records or agrees to receive a summary or explanation of the requested information, PPGT may impose a reasonable fee that includes the cost of: (a) labor for copying the protected health information (whether in non-electronic (e.g., paper, film) or an electronic form), and the cost of supplies for creating the paper copy if the individual requests that the electronic copy be provided on portable media; (b) postage, when the individual has requested the copy or summary, be mailed; and (c) preparing a summary or explanation of the protected health information (if agreed upon).

DENIAL OF A REQUEST FOR ACCESS. If a request for access is denied, in whole or in part, a written explanation will be provided that contains: (a) an explanation of the basis of the denial; (b) a statement of review rights, if applicable; and (c) a description of how the requestor may complain to PPGT or to the Secretary of Health and Human Services ("HHS") and the Texas Medical Board.

RIGHT TO ASK FOR A REVIEW OF A DENIAL. There is a right to ask for a review (by a second licensed health care professional designated by PPGT) of a denial of a request for access under the following circumstances: (a) the initial denial was based on a determination by a licensed health care professional that access to the requested information is reasonably likely to endanger the life or physical safety of the requestor or another person; or (b) the protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or (c) the initial denial related to a request for access that was made by the individual's personal representative, and that denial was based on a determination by a licensed health care professional that access to the requested information was reasonably likely to cause substantial harm to the individual or a third person.

LIMITATIONS ON RIGHT TO ASK FOR A REVIEW OF A DENIAL. Consistent with applicable law, there is no right to ask for a review: (a) if PPGT denies a request for access to psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; (b) if PPGT created the information while acting under the direction of a correctional institution; (c) in some situations, if PPGT created or obtained information in the course of research that includes treatment and denial of access was agreed to as part of your consent to participate in the research; or (d) if the information was obtained from a third party under a promise of confidentiality and access would reasonably likely reveal the source of the information.

SIGNATURE: This form must be signed by the individual who is the subject of the Protected Health Information requested, or by a person who has legal authority to serve as that individual's personal representative (e.g., parent of a minor, court-appointed guardian).

_____ and _____
Printed Name of Patient Printed Name of Personal Representative, if applicable

Signature of Patient or Signature of Personal Representative, if applicable

Legal authority for serving as Personal Representative (e.g., parent of a minor, court-appointed guardian), if applicable

Date

FOR OFFICE USE ONLY

Date request filed

ID presented Yes **Form of ID** TX driver's license school ID other
 No, verified identity with name, DOB, and another personal identifier

Verification that there is not an alert in EHR concerning the release No alert Alert present, contacted Privacy Official on:

REQUEST approved denied **If denied, Privacy Official notified on:**

Records provided by mail in person email other:

Date records provided

By staff member