



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Right to Inspect and Copy Your PHI. You may ask to inspect or to obtain a copy of your PHI that is included in certain records maintained by Eastern Slope Counseling & Consulting, LLC (ESCC). Under limited circumstances, I may deny you access to a portion of your records. If you request copies, I will charge you copying (\$0.50 per page after the first 10 pages) and mailing costs consistent with applicable law. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format; you will be charged for a storage device unless you provide one. See reverse for more information.

CLIENT NAME: _____ DATE OF BIRTH: _____ SSN: _____
Address: _____
Telephone: (____) _____

Describe the records you wish to inspect or obtain a copy of: _____

Specific dates covered: _____ to _____.

Who and in what format/manner do you want to receive/review your information:

Send my PHI to:

- Me
- Designated third party: I request that ESCC send my PHI as specified above directly to the designated third party listed below.

Name: _____
Address: _____
Phone number: (____) _____

Format/manner:

- Send paper copy of information via U.S. Mail (most secure option).
- Send electronic copy (storage device sent via U.S. Mail or picked up in person).
- View in person. (recommended) I understand that my designee will be contacted to arrange for this.

I request that ESCC provide access to my PHI as specified. I understand that I can only sign on behalf of a minor child under the age of 14, unless that person has legally authorized me as their representative.

Client Name (Printed)

Date: _____

Signature of Client/Authorized Representative
(If representative, specify relationship to client.)

Signature of ESCC Representative

Per the U.S. Department of Health and Human Services:

(<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html>)

“The Privacy Rule distinguishes between mental health information in a mental health professional’s private notes and that contained in the medical record. *It does not provide a right of access to psychotherapy notes, which the Privacy Rule defines as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the patient’s medical record.* See 45 CFR 164.501. Psychotherapy notes are primarily for personal use by the treating professional and generally are not disclosed for other purposes. Thus, the Privacy Rule includes an exception to an individual’s (or personal representative’s) right of access for psychotherapy notes. See 45 CFR 164.524(a)(1)(i).

However, parents generally are the personal representatives of their minor child and, as such, are able to receive a copy of their child’s mental health information contained in the medical record, including information about diagnosis, symptoms, treatment plans, etc. Further, although the Privacy Rule does not provide a right for a patient or personal representative to access psychotherapy notes regarding the patient, ***HIPAA generally gives providers discretion*** to disclose the individual’s own protected health information (including psychotherapy notes) directly to the individual or the individual’s personal representative. As any such disclosure is purely permissive under the Privacy Rule...”

For ESCC Use Only

Date request received: _____

Request has been Accepted Denied Partially accepted

If Denied or Partially accepted, check reason:

- PHI is not part of the patient’s designated record set.
- ESCC did not create the record.
- Record is accurate and complete.
- Record is not available to the patient for inspection under Federal law.
- Psychotherapy notes requested, and counselor’s discretion invoked.

Photocopy/transmission expenses:

- Photocopies (_____ pages at \$0.50/page = \$_____) picked up at ESCC.
Total charge: \$_____.
- Photocopies (_____ pages at \$0.50/page = \$_____) sent via U.S. Mail (\$_____).
Total charge: \$_____.
- Flash drive (\$10.00) picked up plus time to .pdf all records (\$50.00 per 30 minutes).
Total charge: \$_____.

Comments: _____

Name of Privacy Officer (Printed)

Signature of Privacy Officer

Date: _____