

Request for Patient Access to Health Information
Phelps Memorial Health Center
1215 Tibbals St., Holdrege, NE 68949

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request the opportunity to inspect and copy health information that pertains to you. We will evaluate your request and will either grant it or explain the reason why the request will not be granted. Your right to access does not extend to information compiled in reasonable participation of, or for use in, a civil, criminal or administrative action or proceeding, or to information we received in confidence from someone other than another health care provider.

I hereby request access to health information for:

(Print Patient's name and address)

If known: Year of birth: _____

SCOPE OF ACCESS REQUESTED

I would like access to: | | All the records or
| | The portion of the records concerning:

(Specify type of disease, accident, dates of treatment, or other portion of records in which you are interested.)

TYPE OF ACCESS REQUESTED

| | Inspection. Please let me know when I may come to inspect the records, and the amount of the charge, if any. I understand that an employee of this medical facility may be present and that I may not make any marks or alter the records in any way.
| | Copies. I would like copies of all records requested.

COPIES OR TRANSFER

I understand that you may charge me a reasonable charge of up to \$0.25 per page.

| | I hereby agree to pay the charges specified above.
| | Please call me to let me know the total cost that I will incur.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate:

Relationship:

- | | parent of minor patient
- | | guardian of a minor patient or an incompetent patient (attach documentation) as pursuant to HIPAA "164.502(4)"
- | | personal representative of deceased patient (attach documentation) as pursuant to HIPAA "164.502(4)"
- | | other (specify and attach documentation)

Name of Patient: _____