



REQUEST FOR ACCESS TO HEALTH INFORMATION

Medical Record #: \_\_\_\_\_ (if known)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: (Street/box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone: (day)\_( ) \_\_\_\_\_ (eve)\_( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_ (Optional)

I request access to the following records or types of health information (specify date(s) of service): \_\_\_\_\_

- Discharge Summary, X-ray Film, Consultation Report, X-ray Report, Cardiopulmonary/EKG Report, Multidisciplinary Notes, Physical Therapy Notes, Nursing Notes, Physician Progress Notes, Operative Report, Billing Information, Emergency Room Report, Laboratory and Pathology Report, History and Physical, Other (Please Specify)

I request to (check all that apply):

- Inspect the information, Receive a paper copy, Receive an electronic copy, Receive a summary listing of the information prepared by the Organization

Signature of Patient or Representative \_\_\_\_\_ Date \_\_\_\_\_

Where to Submit this Form

This form should be mailed to:

- Saint Joseph Mercy Health System, Health Information Services Department, 5301 East Huron River Drive, PO Box 995, Ann Arbor, MI, 48106-0995.

Information About your Access Rights

Except under limited circumstances, we will provide you with the access you request. We will respond to your request for access within 30 days (or 60 days if the extra time is needed) from the time we receive this completed form.

You have the right to request a review of our decision to deny your request for access if the reason for denial is reviewable. To request a review, you must complete the Form to Request Review of a Denial of Access.

You have the right to submit a complaint to the Organization by contacting the Privacy Officer at 734-712-4542. You also have a right to submit a complaint about the Organization to the Secretary of the Department of Health and Human Services ("Secretary").

For Office Use Only

- ❑ We have reviewed your request to access your health information and have determined that the Organization will grant your request.
  - ❑ You may view the information between the hours of \_\_\_\_\_ and \_\_\_\_\_ at \_\_\_\_\_.
  - ❑ Please call the following number to set up an appointment to view your records \_\_\_\_\_.
  
- ❑ We have reviewed your request for access to your health information and have determined that we must deny your request. This decision is **not reviewable**. The grounds for denial is as follows:
  - ❑ The health information is part of Psychotherapy Notes and requires an Authorization.
  - ❑ The health information is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
  - ❑ The health information maintained by the Organization is:
    - (A) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the patient would be prohibited by law; or
    - (B) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant 42 CFR 493.3(a)(2).
  - ❑ The health information is part of the course of research that includes treatment and is temporarily suspended for as long as the research is in progress (provided you have agreed to the denial of access when consenting to participate in the research and the Organization has informed you that the right of access will be reinstated upon completion of the research).
  - ❑ The health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
  - ❑ The Organization that is a correctional institution or a covered health care provider acting under the direction of the correctional institution may deny, in whole or in part, an inmate's request to obtain a copy of health information, if obtaining the copy would jeopardize the health, safety, security, custody, or rehabilitation of the patient or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate.
  
- ❑ We have reviewed your request for access to your health information and have determined that we must deny your request. This decision is **reviewable**. You have the right to request a review of our decision. To request a review, you must complete the Form to Request Review of a Denial of Access. The grounds for denial is as follows:
  - ❑ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.
  - ❑ The health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
  - ❑ The request for access is made by the patient's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the patient or another person.