



Patient's Request to Access Protected Health Information ("PHI")

I request my PHI from the following Mercy Facility: _____

Patient's Name: _____ Patient's Date of Birth: _____

Patient's Address: _____

Patient's Phone Number: _____ Social Security # (Last 4 Digits): _____

I request a copy of the following PHI: (please check the boxes below)

<input type="checkbox"/> Physician Office Notes	<input type="checkbox"/> X-ray Reports	<input type="checkbox"/> Mammogram Report
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Physician Orders
<input type="checkbox"/> History/Physical	<input type="checkbox"/> EKG	<input type="checkbox"/> Emergency Department Record
<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Billing Statements
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Abstract of Health Information
<input type="checkbox"/> X-Ray Images	<input type="checkbox"/> Radiology Images	<input type="checkbox"/> Other (specify)

Date(s) of Service of PHI Requested: From Date: _____ To Date: _____

(if dates are not specified, records will be provided for all dates of service)

IMPORTANT: If the PHI I am requesting contains information about drug/alcohol abuse, mental health treatment, genetic information, sexually transmitted diseases, HIV/AIDS testing or treatment or any other sensitive information, by signing this Patient's Request to Access PHI form, I confirm that I am requesting access to this information, unless I otherwise state here: _____

I request that PHI specified above be provided:

- To me
- To the following person/entity: _____
(Specify name and address of person/entity to whom you would like your PHI to be sent)

I request that PHI be provided in the following format (if readily reproducible in this format):

- Paper Copy
- Electronic Copy via (check below)
 - PDF Attachment to E-Mail
 - CD
 - Flash Drive
 - Uploaded to MyMercy Web Portal
 - Other: _____

I request that access to PHI be provided by the following method:

- Personal pick-up at above specified Mercy facility by me
- Personal pick-up at above specified Mercy facility by _____
(specify name and relationship to patient): _____
- Inspection at above specified Mercy facility: Requested Appointment Date/Time: _____
(You will receive a call at above phone number to confirm this requested appointment)
- Mailed to the following address: _____
- Emailed by **Secure Mail** to the following e-mail address: _____
- Emailed by **Unsecure Mail** to the following e-mail address: _____
- Faxed to the following fax number: _____
- Available to me via MyMercy Web Portal
- Other: (specify) _____

ACKNOWLEDGMENT: I understand that the CD/Flash Drive is not secure and that I am responsible for protecting information on the CD/Flash Drive. I also understand that unsecure/unencrypted e-mail is not secure and while in transit it can be intercepted and seen by others. By requesting to receive my PHI electronically on a CD/Flash Drive or by unsecure e-mail I acknowledge that I understand and accept these risks.

I understand that I may be charged a reasonable fee for the costs of labor for copying, postage, supplies as permitted by HIPAA Privacy Rule and state law.

Printed Name: _____

Signature: _____

Date: _____

Access Requested By: *(Check One)*

- Patient Parent (for minors) Personal Representative

If this request is signed by the patient's personal representative:

Please specify your authority to act on behalf of the patient and attach supporting documentation:

Acknowledgment of Personal Pick Up:

Records picked up by (name/signature) _____ Date: _____

INTERNAL USE ONLY

Identity Verification:

Verification via Photo ID: Yes No

Verification via Matching Signature: Yes No

Other: *(specify)* _____

Authority Verification:

Personal representative documentation provided and checked: Yes No

Request: Approved Denied (reason: _____)

Processed by: _____ Date: _____