Mann Ear Nose and Throat Clinic, PA **Authorization to RECEIVE Health Information**

Patient Name: _____DOB:_____

Address: _____

City-State, Zip: _____

Home Phone: _____Mobile Phone: _____

□ I would like a copy of my health information**— I understand I may be charged a reasonable cost based fee.**

□ I would like to review my health information

□ I would like for my health information to be provided from a third party:

- Name of third party:_____

Please specify the records included in this request:

_____

_____

Select the format you would prefer:

□ Paper
□ Mail to the above address
□ Will pick up at the practice

□ Electronically
□ Email

□ Fax Number
_____

- Email address:_____

- For **email communication,** I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. By providing my email address I elect to receive email communication as requested.

You will receive notification regarding this access request no later than 30 days from the date received. There are limited circumstances in which your request may be denied, some of which you may have the right to request a review of the decision.

_____Date_____

Signature of Patient or Personal Representative

*Description of Personal Representative's Authority (attach necessary documentation)

March 2018

For office use only:

Date Received: _____By:_____

□ Request Accepted □ Request Denied

If denied, provide reason(s):

Reviewable grounds:

□ The access is reasonably likely to endanger the life or physical safety of the individual or another person

- This ground for denial does not extend concerns that the individual will not be able to understand the information or may be upset by it.

□ The access requested is reasonably likely to cause substantial harm to a person (other than a health care provider) referenced in the PHI

□ The provision of access to a personal representative of the individual that requests such access is reasonably likely to cause substantial harm to the individual or another person.

Unreviewable grounds:

□ Request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding

□ An inmate requests a copy of their PHI and providing the copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other persons at the institution. An inmate retains the right to inspect their PHI

□ The PHI is part of a research study still in progress provided the individual agreed to the temporary suspension of access.

□ The PHI was obtained by someone other than a health care provider (e.g., a family member of the individual) under a promise of confidentiality and providing access to the information would be reasonably likely to reveal the source of information.

Date individual notified: _____ By: _____

Date information provided was requested

□ Mailed: _____ □ Faxed: _____

□ Emailed: _____ □ Other: _____

□ Picked up in office: _____