

REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

Date of Request: ____/____/____

Medical Record #: _____

Name: _____

Date of Birth: _____

I request that WinnMed provide me with access to my Protected Health Information as specified below:

Medical Records dated ____/____/____ through ____/____/____

Please specify type of information _____

Type of Access Requested

- Copies of my health information

Please mail the information to:

Format: (Choose one, if no option is selected paper will be given)

- Electronic Copy (\$5.00)
- Paper Copy
- Inspection of my health information – Please contact Health Information Management at (563) 387-3100 to arrange a mutually convenient time for inspection.

Signature of Patient or Patient’s Authorized Representative

Date

If signed by the patient’s Representative, please print the name and describe the relationship to the patient:

Name

Relationship

Medical Center use only:

____ Approve access requested above.

____ Deny access requested above. (Complete reverse side of form.)

Name of Medical Center Staff Processing Request

Date

Title

Identification verified by _____

Date ____/____/____

Method:

- Picture ID
- Personally know individual

DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION

Access to Protected Health Information was denied for the following reason:

- The Protected Health Information requested is not part of the medical record or billing record that the medical center maintains.
- WinnMed does not possess the Protected Health Information requested. The information may be requested from _____.

You may request access to any other Protected Health Information to which access has not been denied. You have the right to request a review of the denial reason(s) below. The person who reviews the denial will not be involved in the original denial.

- A licensed healthcare professional has determined that the access requested is likely to endanger your life or physical safety.
- A licensed healthcare professional has determined that the access requested is likely to endanger another person's life or physical safety.
- The information makes reference to another person (other than a healthcare provider) and a licensed healthcare professional has determined that the access requested is likely to cause substantial harm to the person.
- As a personal representative, a licensed healthcare professional has determined that access to the requested information is likely to cause substantial harm to the patient or another person.

You have the right to file a complaint with the medical center. If you wish to have the denial reviewed or to file a complaint, contact WinnMed's Privacy Officer at ext. 3106 or (563) 387-3106.