



Request for Access to Personal Health Information

Patient Name: _____ DOB: _____

Address: _____

City-State, Zip: _____

Home or Cell: _____ Work Phone: _____

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

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

Name, address and phone number of third party: _____

Please specify the records included in this request:

Select the format you would prefer (select one):

Paper

Mail to above address

Will pick up at the practice

Electronically

Patient Portal

E-mail

Fax Number: _____

E-Mail Address: _____

For e-mail 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.

Signature of Patient or Personal Representative

Date: _____

Please attach description of Personal representative's Authority, with necessary documentation

Please send completed forms by fax, 919-510-5090, by mail, to Blue Ridge Dermatology Associates, 3225 Blue Ridge Rd, Suite 101, Raleigh, NC 27612, or by secure email to contact@brdermnc.com

Blue Ridge Dermatology Associates, P.A. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

For office use only:

Date Received: _____

Request Denied

If denied, provide reason(s):

- 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 if reasonably likely to cause substantial harm to the individual or another person.
- Records no longer available (records destroyed > 10 years)

Unreviewable grounds:

- Request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding.
- An inmate request 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., 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 the information.

Date individual notified: _____

By: _____

Request Accepted

Date information provided as requested:

Mailed: _____

Faxed: _____

E-mailed: _____

Directed to patient portal: _____

Picked up in office: _____

Other: _____

Requested Processed by: _____