

Obstetrics & Gynecology Associates, P.A.

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Kissimmee, FL 34741

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REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Please fill in the following information:

Date: _____

Patient's name: _____ DOB: _____

Patient medical record # _____

Patient Address: _____

Phone Number: (Home) _____ (Work) _____

I hereby request access to my protected health information. I would like to access this information by:

_____ In office review of file. I understand that a member of the practice will be present during the review.

_____ By copy. Fees for copying are \$1.00 per page for first 25 pages, and .25 for each copy thereafter.

Signature: _____

Print Name: _____

Date: _____

The following are the practice's policies and procedures with regard to request for access to protected health information:

The practice will respond to requests for access as follows:

1. We will respond within thirty (30) days if granting the request or withholding information under the denial process.
2. We will respond within sixty (60) days if the information is not held or accessible on-site - this applies whether all or only part is off-site.
3. We will provide access in the format or manner requested by the individual or, if that is not possible, in a format or manner agreed to by the individual and this practice (for example, on paper or on diskette).
4. We will arrange for a convenient time and place for the individual to inspect the information if this is the individual's preferred form of access.
5. Our practice may negotiate the form and scope of the requested information is necessary to meet the deadlines.

6. Our practice may extend, only once, the thirty (30) and sixty (60) day deadlines by a maximum of thirty (30) days if they provide the individual with written notice before the original deadlines pass, practice will explain the reasons for delay and give a
7. We will provide access only once to information held in duplicate in separate files or at other sites.
8. Our practice may provide only a summary of the requested information if you agree to receive only the summary and agree to any fees for preparing the summary.
9. Our practice will not deny access based upon unpaid bills owed by the individual.

By law, the following information is excepted from your right to access:

1. Psychotherapy notes, which applies to notes a therapist made to facilitate treatment, does not apply to all mental health records.
2. Information that relates specifically to legal preparations, including information protected by attorney-client privilege or rules of discovery.
3. Information prohibited or exempted for release under 1988 Clinical Laboratory Improvements Amendments.
4. Any information subject to reviewable denials or unreviewable denials.

Our Practice may deny access without the denial being subject to review if:

1. The protected health information is excepted from the right of access as outlined above.
2. The practice is a correctional institution or a covered health care provider acting under the direction of the correctional institution and therefore it may deny, in whole or in part, an inmate's request to obtain a copy of protected health information, i
3. An individual's access to protected health information created or obtained by a covered health care provider in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress, provided that the indiv
4. Your access to protected health information that is contained in records that are subject to the Privacy Act, 5 U.S.C. 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
5. Your access may be denied if the protected 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.

This practice may deny an individual access, provided the individual is given a right to have such denials reviewed, in the following circumstances:

1. 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 individual or another person;
2. The protected 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 reasonable;
3. The request for access is made by the individual'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.

Our practice may allow access to deniable information if it so chooses. Moreover, our practice will use the following process to deny a request to access to information provided that, in the event it does deny access, in whole or in part to

1. Making other information accessible. The covered entity must, to the extent possible, give the individual access to any other protected health information requested, after excluding the protected health information as to which the covered entity has a good reason to believe that providing access would be likely to result in the identification of the individual or another individual.
2. Our practice will provide a timely, written denial to the individual. The denial will be in plain language and contain the following information:
 - a. The basis for the denial;
 - b. If applicable, this practice will include a statement of the individual's review rights including a description of how the individual may exercise such review rights; and
 - c. A description of how the individual may complain to the Privacy Officer of this practice or to the Secretary of the Department of Health and Human Services. The description must include the name, or title, and telephone number of the contact person or office.
3. If the practice does not maintain the protected health information that is the subject of the individual's request for access, and this practice knows where the requested information is maintained, this practice will inform the individual where to direct the request.

Whether or not our practice created the requested information, this practice will provide access if it has the information in its possession.

Should you have any questions regarding the above, please contact:

Name: _____

Title: _____

Phone Number: _____

For Health Care Organization Use Only

Access been: _____ Provided by _____ Copy _____ Office Review
_____ Denied

If denied, check the reason for denial:

Staff comments:

The Privacy Officer must review all denials

Denial letter sent to individual: _____

Signature of staff person: _____

Date: _____

Print Name and Title: _____