REQUEST FOR INSPECTION AND/OR COPYING OF PHI

***The person requesting this PHI must provide a copy of photo identification along with this form.**

Please complete, sign and return this form to:
Clinic – Records Request
Richland Public Health
555 Lexington Avenue
Mansfield, Ohio 44907

OR

Fax form to:
Clinic – Records Request
Richland Public Health
Fax: 419-774-5577

Section 1: Completed by Patient or Legal Representative

Patient Name: ____
Last Name/Previous Last Name(s) First Name Middle

Address: ____
Street City State Zip Code

Birth Date:_________/____/____ **Telephone #:** __________________ **Request Date:**___/___/____

I request that I receive a full copy of my designated record set: ___**Yes** ____**No**
I request that I receive only the following records contained in my designated record set:__________________________________
____

I request that my records be sent to me in the following format: _______**Paper (by mail)** ________**E-mail (unsecured)**

Any additional instructions/issues:____
____

I understand that I will receive a copy of this form and that my request will be processed in thirty (30) days or I will be informed of the need for an extension of not more than an additional thirty (30) days to process the request.

A reasonable, cost-based charge may be imposed for paper copies which will be payable in advance.

I understand that my right of access under HIPAA is limited under 45 CFR 164.524. If I have no right of access to certain records in my designated record set my request will be denied as to those records and I will have no right of review of the decision to deny access. I have received or am aware that I can request of the District's Notice of Privacy Practices which describes my right of access.

Patient/
Legal Representative Signature:_________________________________**Date:** ___/___/___ **Relationship:** ____________________

FOR INTERNAL USE ONLY
Request Approved: ❍ **yes** ❍ **no** **Date:** / _/
Updated Document(s): ❍ **paper record** ❍ **electronic/~~online record~~** ❍ **both**

Comments/Special Instructions

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