



REQUEST FOR INSPECTION AND/OR RELEASE OF PHI

*** THE PERSON REQUESTING THIS PHI MUST PROVIDE A PHOTO ID ALONG WITH THIS FORM**

Please complete, sign and return to:

(or)

Fax form to:

Clinic - Records Request
Richland Public Health
555 Lexington Avenue
Mansfield, OH 44907

Clinic - Records Request
Richland Public Health
Fax: (419) 774-5577
Phone: (419) 774-4700

Must be Completed by Patient or Legal Guardian/Representative

Patient Name: _____
Last Name / Previous Last Name (s) First Name MI

Address: _____
Street City State Zip Code

Birth Date: ____ / ____ / ____ Phone: _____ Request Date ____ / ____ / ____

I request to receive the following designated record set: ____ Immunization Record (s) ____ Tuberculosis Test Result (s) ____ Other

Person Requesting information *If patient is a minor, the person requesting records must be legal guardian and provide documentation.

Name: _____ *Relationship to patient: _____

Phone: _____ Date of Request: ____ / ____ / ____

I request that my records be given to me in the following format: ____ In person ____ US Mail ____ Fax ____ Email (unsecured)

Email Address: _____

Additional information: _____

I understand that I will receive a copy of my record (if available) and that this office has up to 30 business days to process my request or I will be notified if the need for an extension for any additional time needed to process this request. A reasonable cost-based charge may be imposed for paper copies which will be payable in advance.

I understand that my right to access my PHI under HIPAA is limited to 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 the District's Notice of Privacy Practices which describes my right of access.

Patient/Legal Representative Signature Date Relationship to Patient

FOR INTERNAL USE ONLY:

Date request completed : ____ / ____ / ____

Request Approved Yes No Document type provided: Electronic/email Paper

Comments/Special Instructions: _____