REQUEST TO ACCESS OR GIVE DIRECTION FOR MY PERSONAL HEALTH INFORMATION

HIPAA PRIVACY

You have the right to request a review and/or copies* of your personal medical or billing records we have created or maintain. Before access is granted, you must show identification in the form of a picture ID. Another person may represent you if they are legally authorized to do so by federal or State laws or regulations. Access to your records will be granted or denied within 30 days of our receipt of this request form. Once you have completed this form, you may mail or return it to:

Anna Scott
Privacy Officer
163 May St.
Bishop, CA 93514

Date:

1. YOUR INFORMATION		
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Email Address:	Daytime Phone:	Evening Phone:
Best Way to Reach You:	Best Hours to Reach You:	

2. REPRESENTATIVE INFORMATION ***(Complete only if you want us to give your information to someone other than you)***		
I authorize the following person to act on my behalf and to receive information pertaining to me, as I have requested. The information I want this person to see or get copies of is:		
Last Name:	First Name:	Middle Initial:
Relationship:		
Address:	City/State:	Zip:
Daytime Phone:	Evening Phone:	Your Signature:

3. PERSONAL HEALTH INFORMATION YOU WANT ACCESS TO

- ☐ Medical Records
- ☐ Mental Health Records
- ☐ Employment Physical Related Records
- ☐ Alcohol and Other Drug Services Records
- ☐ Child Protective Services Records *[Note: CPS records are accessible only pursuant to [WIC 827)]*
- ☐ IMAAA Records
- ☐ Billing records
- ☐ Other Health Division Records
- ☐ Other *(please state what you want)* _____

Time period of the information you are requesting:

From: To:

Purpose of record request:

Daytime Phone: Evening Phone:

4. WHERE AND WHEN

How do you want to see or get copies of your information:

Please Check One:	Addressed To:		
☐ Copies by mail	Address:		
☐ In Person	City:	State:	Zip:

☐ I need to see/get copies of my records as soon as possible. I need them by:

_____
(date)

I need them quickly because:

☐ I need a different place or way to get my information: *(please be specific)*

5. YOUR SIGNATURE

Signature:	Date: