

CLIENT'S REQUEST FOR HIS/HER OWN RECORDS

HIPAA regulations allow our clients the right to view, inspect, amend and request a copy of their health information. Although we have the right, under certain circumstances to deny such requests, our general practice at Davis Behavioral Health will be to comply with and grant such requests. A client must show picture identification before his/her records will be released.

Client Name:	Date of Request:
Address:	
City, State, Zip Code:	
Phone Number:	
Date of Birth:	
Social Security Number:	
Person requesting the records:	
Reason for requesting records (optional):	
<input type="checkbox"/> Please mail the records <input type="checkbox"/> I will pick up the records	

Information that you would like released:	
<input type="checkbox"/> Complete Record	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Treatment Summary
<input type="checkbox"/> Initial Assessment	<input type="checkbox"/> Substance Abuse Treatment Notes
<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Dates of Service
<input type="checkbox"/> Other-please specify:	

Signature:	Date:
Print Name:	
Relationship to client:	
Witness:	Date:

By signing this document, I agree to the following conditions as outlined by the HIPAA regulations. Records will be provided in paper format unless you would prefer that you receive your records in another manner.

I would like my information in another manner. Please explain:

_____ Prior to release of records, your chart will be reviewed a licensed mental health professional at Davis Behavioral Health.

DBH shall respond to all written requests for PHI within thirty (30) days, unless the information is not stored on a DBH site, then DBH shall respond to the request within sixty (60) days. If DBH is unable to respond within the time frames stated, then DBH shall respond within an additional 30 days, provided that the Privacy Officer gives you a statement in writing of the reasons that DBH is unable to respond within these time frames.

If your request for information is denied, the Privacy Officer shall give written notice to the requester of its denial of the request for PHI.

DBH shall arrange to allow the client to inspect or obtain a copy of the PHI at a convenient time and place. DBH may discuss the scope, format, and other aspects of the request for access with the client to facilitate timely provision of the information.

If you request copies of your record, or you agree to pay for a summary of your record, DBH shall **charge fees** as follows:

- *\$.05 per page copied;**
- *\$10.00 per hour to copy or scan the information, which is the approximate cost of the staff who will take the time to copy or scan the chart;**
- *postage, when the client asks for the PHI to be mailed; and**
- *\$ 18-45 (range) per hour to prepare a summary of the information, which is the approximate cost of the staff who will be preparing the summary.**

If DBH denies access, in whole or in part, to your record, DBH shall: Provide a written denial, which states: the basis of the denial; the client's rights to have a review of the denial; and how the client may appeal the denial (where applicable) or appeal to the Secretary of Health and Human Services

Upon receipt of a request for review of denial, DBH shall appoint an individual who was not involved in the initial denial to review the request. The reviewing professional shall promptly give a written response to the client's request to review.

Dates and Number of hours to copy or scan the record:
Dates and Number of hours to prepare a summary:
Total Number of pages copied:
Cost of preparation time (Hours X Rate Per Hour):
Cost of the paper record (Number of Pages Copied X .05):
Total Cost: