



**HOWARD
CENTER**
Help is here.

Request for Access to Individual's Designated Record Set

I understand that I have the right of access to inspect and obtain a copy of my protected health information maintained in Howard Center's designated record set, for as long as the protected health information is maintained in the designated record set.

I, _____, DOB: _____,
Client's Name

Access by self

Access by parent or authorized representative

I, _____
Parent or Legal Guardian's Name

I request only inspection (in whole or in part) of Howard Center's Designated Record Set.

I request a copy (in whole or in part) of Howard Center's Designated Record Set.

I request both inspection and a copy (in whole or in part) of Howard Center's Designated Record Set.

If requesting inspection and/or a copy of specific information, describe what information you would like:

Howard Center will provide you with paper copies of your paper health care records. Please select how you wish to receive them below:

() By US Mail at the following address: _____

() By fax at the following number: _____

() I want to pick the records up from Howard Center

Electronic health records maintained in the EHR will be provided electronically in the form or format you request. Please choose from the following delivery options:

Sent by email at: _____

Secure email: Information is encrypted and there is a procedure to follow to decrypt it and view the information.

Unsecure email: Is sent over the Internet and may be read by a third party. Unsecure email cannot be considered private. Howard Center does not recommend the use of unsecured email but it is your choice.

Electronic media (please choose one of the following): USB Flash Drive CD

How do you want us to deliver the electronic media?

By US Mail at the following address: _____

I want to pick up the electronic media from Howard Center

You have a right to direct us to deliver your health care records to another person. Note – in order to disclose your alcohol and or drug treatment records you must sign an authorization permitting this disclosure. No additional authorization is required for other health care records.

If you wish to exercise this right please provide the following information:

Name of the person: _____

For paper records, please choose from the following options:

By US Mail at the following address: _____

By fax at the following number: _____

For electronic records, please choose from the following options:

Sent by email at: _____

Secure email: Information is encrypted and there is a procedure to follow to decrypt it and view the information.

Unsecure email: Is sent over the Internet and may be read by a third party. Unsecure email cannot be considered private. Howard Center does not recommend the use of unsecured email but it is your choice.

Electronic media (please choose one of the following): USB Flash Drive CD

How do you want us to deliver the electronic media?

By US Mail at the following address: _____

The person will pick up the electronic media from Howard Center

Please list a convenient time that you can be available to inspect and/or receive a copy of the information requested (day of the week and time of day):

How can Howard Center contact you within the next 30 days should there be any questions regarding your request:

Current Telephone Number: _____

Current Address: _____

Signature of Individual Requesting Access
(Client and/or Parent or Legal Guardian)

Date

Staff Signature

Date

- ***Please request a copy of Howard Center's Right To Access policy for a complete review of our procedures.***

INTERNAL USE ONLY

Chart Number: _____

Clinician: _____

Date (Access granted by – 30 days from date of request): _____

- Request Provided
- Request Denied – In Whole
- Request Denied – In Part (Reviewable grounds documentation must be attached to this form.)

Authorizing Signature

Title

Date

Brief Description for Reason of Denial:

Date Individual was informed of decision: _____